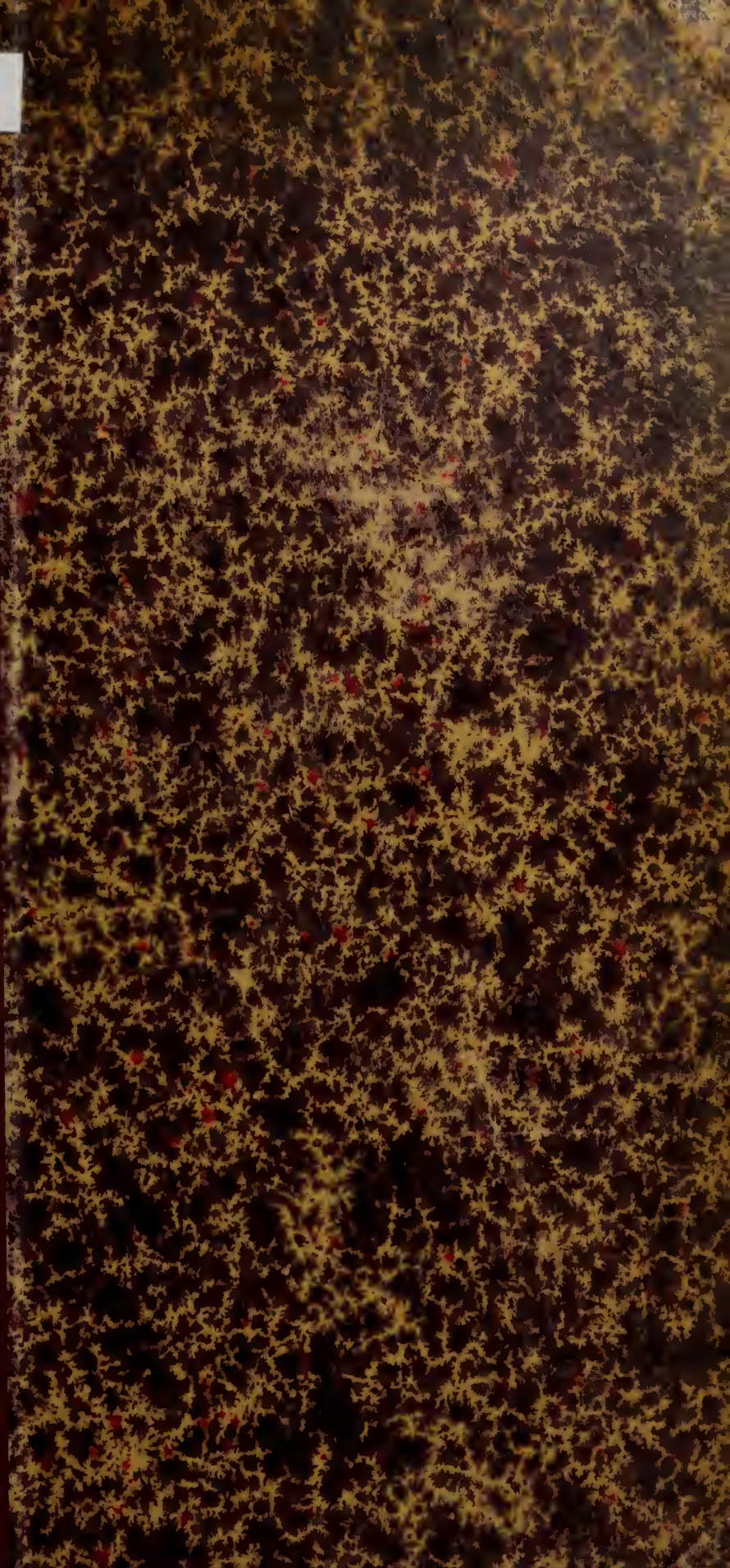


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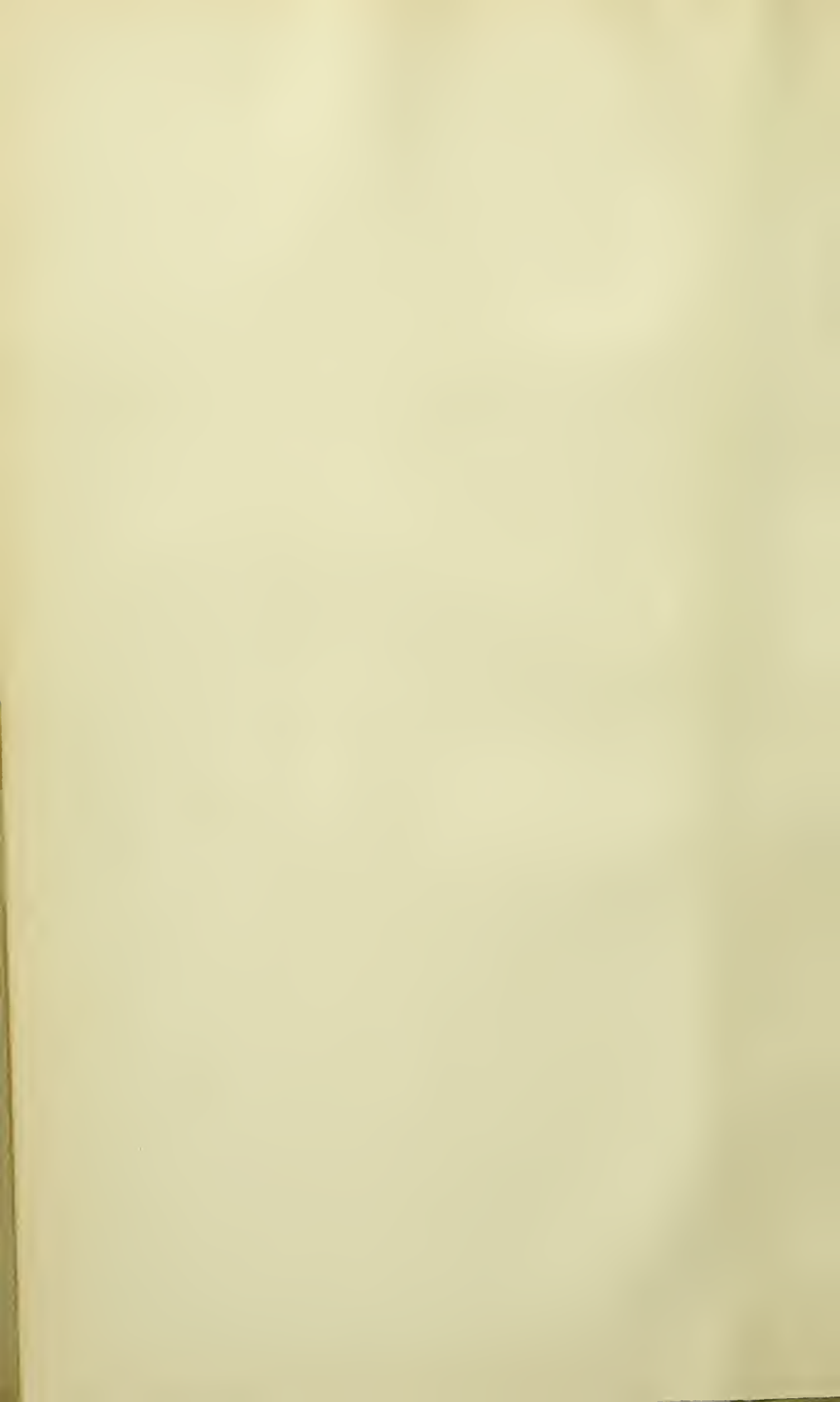


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A CLINICAL REPORT OF THREE CASES OF POLIOMYELITIS, WITH SOME REMARKS ON THE SALIENT FEATURES OF THE DISEASE.

FRANK A. CARMICHAEL, M. D. Goodland, Kans.

In view of the sensationalism of the lay press of this state with reference to the so called "new disease" that has terrorized the inhabitants to the verge of panic and because of the recent epidemic of poliomyelitis in northwestern Kansas, I wish briefly to report three cases coming under my personal observation during the past few months, these being, so far as I am aware, the only cases developing in Sherman County, and to discuss some of the more salient features of this morbid condition emphasizing the observation of Wickman in regard to the variation in clinical types of this condition accompanied by identical pathologic findings.

Just how it occurred that the newspapers got the "new disease" germ is not apparent as there are perhaps few diseases that can be definitely traced back to an earlier period in medical history than this one, some authorities even claiming it receives Biblical mention in the case of Mephibosheth.

According to Sneve, more than fifty epidemics of this disease have been recorded, the most extensive ones occurring in the past three years being in New York, Mass. Minn. and Michigan.

All the wealth of talent, resource and equipment of the Rockefeller Institute as well as the research laboratories of Harvard and many other medical institutions have been freely drawn upon to elucidate the problem of its etiology and mode of transmission.

Of the the predisposing factors of this condition, age is perhaps the most important, in that the morbidity is chiefly among children, the greatest number occurring between the second and fifth years. It is infrequent in the first year of life. While it has been considered a disease of childhood, adults are by no means exempt

from infection and when occurring in this class the mortality is much higher than in children.

It appears to be somewhat more frequent in males than females in the ratio of three to two. There seems to be a tendency for epidemics to follow the course of streams and dry dusty weather also seems to aid in dissemination. The more common time of incidence being the late summer or early fall months and the advent of frost seems to effectually check its progress.

It is probable that the role played by trauma in this condition is much less important than previously considered as the incidence of the disease at a period in the child's life when falls, bumps and traumatism are of daily occurrence makes it difficult to find a case where a fall or other injury more or less remote and insignificant could not be found as a predisposing factor.

The occurrence of epidemic poliomyelitis following acute infectious diseases may also be assumed as more rare than hitherto considered because of the numerous toxic nerve disturbances of a paralytic nature dependent like neuritis upon toxins developed from faulty metabolism or those of the disease itself on the one hand, and the protean and indefinite character of the early symptoms of poliomyelitis on the other might easily contribute to an erroneous early diagnosis.

Social conditions and environment appear to have little influence, the disease occurring about as frequently in families of the better class as among the poor and unhygienic in country epidemics, though its incidence may be modified by environment in cities. Strong healthy children and adults seem as susceptible as the weak. Sporadic cases occur from time to time in all communities and the occurrence of several cases in a community seems more of an epidemic condition than an actual contagion, as it is decidedly the exception to find more than one case in a family even where there are several children of a susceptible age directly exposed to infection.

It may be that a special vulnerability of the ganglion cells of the anterior horns or a condition of lowered vitality of the buccal and nasal mucosæ may account for the occurrence of single cases in families. If the disease is contagious it is very mildly so and is an infection it seems that it must be favored by a special vulnerability on the part of the one affected.

The direct exciting cause is in all probability a Gram positive diplococcus first isolated from the spinal fluid of poliomyelitis cases and subjected to cultural experiments by Gierswold and later reported by Fox.

Like all types of meningeal infection of extrinsic origin, the germ supposedly gains entrance through the nasal or buccal mocosæ.

The incubation period has been given as from one to five days but as we have no way of verifying this it would be more truthful if apparently less accurate to say it is at present indeterminate.

The course of the disease in typical cases is uniform. Following the initial fever and gastro intestinal symptoms, there is gradually progressing paralysis attaining its maximum in three to five days. Following recovery from the acute symptoms, there is a stationary period in which no change is noted in the paralytic condition. This period lasts from one to three months. Following this, there is a period of improvement extending over a period of from six to twelve months. Whatever disability remains at the expiration of this time is likely to be permanent. Four-fifths of those contracting this disease develop paralytic features and in 75% of these, there is more or less permanent paralysis. It was early observed by Wickham that this condition may assume the clinical aspects of one of several types of cord lesion hertofore considered separate and distinct, as the bulbar palsy of Duchenne, the cerebral infantile paralysis of Strumpell and Landrys ascending type. Occasionally it may be necessary in certain early cases to exclude transverse myelitis.

In addition there are the very mild and abortive forms very difficult of diagnosis in the absence of an epidemic.

It is to illustrate the different paralytic types that may be exhibited even in a very limited number of cases that I present the following report of three cases.

Case 1. Male, age two and a half years, previous history negative, born after normal labor or not especially hard, previous health excellent. Seen on the fifth day of the disease. Parents described onset as occurring with fever vomiting and diarrhoea, pains in the limbs and back, rebelling aganist being moved or handled, had profuse sweating, irritability.

This patient had been under the care of another physician who had diagnosed the case as rheumatism. However, as he had had not been called in to see the case for several days he had no opportunity to revise his previous diagnosis which the symptoms at that time in the absence of an epidemic seemed to justify.

Examination revealed a robust child somewhat fretful and I was at once struck with the helpless dejected look of the child. The shoulders drooped forward, the chin was depressed and the whole attitude pathetic.

Complete paralysis of the lower limbs, no patellar reflex, no Kernig or Babinski. Marked paresis amounting to paralysis of the upper extremities, slight cyanosis and shallow respirations indicated involvement of the respiratory muscles of chest. Inability to support the head directed attention to the involvement of the cervical muscles. Temp. 100-pulse 135, no cervical retraction or pupillary anomaly and no involvement of the sphincters.

Was treated by eliminative measures, urotropin, sodii phosphat. hot baths with small doses of codein and the bromides to allay restlessness and sleeplessness and later strychnine, massage, warmth to the parts with rest and supports.

At the present time, three months after attack there is limited strength in the arms and hands, respiration is normal and patient has perfect control of the head. There is no apparant improvement in the lower extremities which are cold and somewhat shrunken.

General health is apparently good and mentality excellent.

In this family there were three children, all taken ill about the same time. The oldest a, girl of eight was ill for two days complaining of pain in limbs, head and back with little fever but with marked anorexia. the next, a boy of six or seven had high fever, pain in limbs and back and very profuse perspiration, was ill for about a week. No paralysis developed in either case.

The severe case except for the extent and completeness of the paralysis might be considered typical in onset and course while the other children probably typify the abortive form.

In marked contrast to this case, is No. 2.

Female, age four years. Onset with severe and persistent vomiting and constipation. When first seen twelve hours after onset of symptoms, patient had a temperature of 99.8 and pulse of 140. Patient had previously been in perfect health until the sudden onset of vomiting. She complained of some pain but was reticent and parents were unable to elicit much information. Tongue coated and mother thought bowels had not moved the previous day. Thinking this was one of those frequent cases of intestinal laxication, I prescribed small doses of calomel with sedative to relieve vomiting and requested parent to inform me of her condition in the evening. Mother called me up in the evening saying that her condition was apparantly unimproved though vomiting had ceased and bowels had moved. I though it best to call again that evening and found that child had developed slight hacking cough with deficient pulmonary excursion. Mother said when it had been necessary for child to get up that she

seemed unable to use right limb properly but rather dragged it. Examination of chest showed no pulmonary involvement other than a few moist rales. Child had taken milk during the day with apparent relish. Had complained of pain and asked mother to rub her arms. Ordered small doses of atropin codein and camphor to relieve cough. Temp. 99 pulse 150. Next morning found that child had suffered from a shallow, non-productive cough all night which was almost incessant, large bubbling mucous and moist rales over both lungs paralysis of lower extremities greatly diminished pulmonary excursion, slight cyanosis. Called in a colleague who concurred with me in a diagnosis of paralysis, probably of Landry's type already involving the respiratory muscles. Atropine was continued in increased doses in the hope of stimulating respiration and limiting pulmonary oedema with strychnia to support the heart. Child was warmly covered and placed by open window. During the day it failed rapidly, pulmonary oedema steadily progressing and expired at 5:30, sixty hours after onset of symptoms, of respiratory paralysis. There was very slight fever, no diarrhoea, no cervical retraction, sweating or pupillary disturbances except nystagmus just before death. Mentality was clear.

This case represents the rapidly fatal type of ascending paralysis.

The wisdom of the employment of atropine in these cases might be questioned because of its tendency to check elimination but in this case it was the choice of the lesser of two evils.

Case 3. Represents the mild, almost abortive form.

Male, age 14 months, previously healthy, onset with intermittent fever coming on at night and disappearing in the morning, child was constipated. with foul breath and coated tongue, no appetite, irritable, with very rapid pulse. The indisposition had lasted for several days when I was called. The child was extremely irritable and in great fear of being handled or moved.

A paresis of the right leg was noted about the sixth day of the disease, rapidly progressing to nearly complete paralysis. The left leg became paretic in a less degree. Child was given rest, eliminative treatment and hot baths. At the present time one month after onset child can bear its weight on limbs but is unable to walk. The right leg is noticeably weak.

I am confident this case will make a complete recovery.

In this case there was pronounced cervical retraction but no pupillary change. The pathologic changes involved in this condition have been found to consist primarily of multiple miliary

hæmorrhagic foci involving principally the anterior cornu in the regions of the cervical and lumbar enlargements, though sometimes the process is not limited to this area but involves the posterior cord segments also. According to Harbitz the origin of the infective process is in the pial structures from whence it is disseminated through the numerous branches of the anterior spinal and median arteries. It is probable that the virus is selective in its action or that the anterior horn cells are especially vulnerable. The distribution of infected areas seem to correspond directly with the vascular distribution being more marked where the blood supply is richest. Thrombotic foci are commonly noted in the vessels supplying the anterior horns. Harbitz considers it a specific leptomeningitis. The spinal fluid remains clear and may be increased in amount. Microscopically there is perivascular infiltration. Leucocitic infiltration of the pia and anterior horns, with necrosis of the ganglion cells of the cornu, minute hæmorrhagic foci in the derivatives of the anterior spinal artery.

In cases of long standing there is distortion of the anterior horn from retraction of scar tissue, the bones of the affected extremities in the young are poorly developed, the muscular markings are faint, and the Haversian system poorly developed. In some cases where trophic functions are seriously involved there is complete arrest of bony growth in the affected limbs.

The symptoms, unfortunately are not distinctive in the early stages as a rule, and in the absence of an epidemic would not suggest the nature of the affection. Onset with severe gastro intestinal symptoms is perhaps the most frequent with pains in limbs and fever but some of the most severe cases of paralysis have been noted unattended by any of these symptoms. There may be no prodromata or initial malaise and the paralysis may develop without pain or febrile symptoms. Perhaps the most distressing feature of this malady in the impossibility of its positive early recognition in turn offers the greatest obstacle to its satisfactory treatment.

The treatment is unsatisfactory from the fact that irreparable damage is done to the anterior horn cells before a positive diagnosis is made, as it is the effect of this destructive process, manifested in paresis or paralysis that confirms the diagnosis. Our present methods of therapy appear inadequate and it is probable that the final conquest of this disease will be through the discovery of a vaccine or antitoxin, administered not in the presence, but on the suspicion of the existence of the malady, as it ravages

are so rapid and irreparable that they must be anticipated rather than combatted. That such an agent will ultimately be discovered there is no doubt. Five or six years ago the professional world was skeptical of the possibility of developing a serum to combat meningitis, but there are few at the present day who doubt the efficiency of Flexners' serum.

Of the methods of treatment commonly advocated by text books we may, exclude electricity as being not only impractical with younger patients, but inefficient and painful with all. The possibility of regene'ating cell elements of the central nervous system by peripheral stimulation is too remote to be considered.

Massage may only be considered of value from its local nutritive effect in stimulating the circulation and preventing contractures.

Medicinally there is no therapeutic specific or any drug that has positively proven its merit in the treatment of this condition. Urotropin because it reaches the spinal canal and is antiseptic in its action is theoretically indicated. Vigorous elimination through the bowels kidneys and skin where not centra indicated by extreme cardiac depression seems a reasonable procedure.

Warm baths and the application of heat to the affected extremities seems to be grateful to the patient.

Rest, a simple nourishing diet, attention to the bowels and supports for weakened muscles are of obvious importance. The rigors of enduring paralysis are often softened by recourse to some of the many clever orthopedic appliances.

Like epidemics of meningitis, the prognosis varies in different epidemics and is dependent for the most part on the virulence of the infecting organism, the resistance of the patient and the type of paralysis developing. That of the Landry type seems to be particularly rapid and fatal. The mortality is relatively greater in adults than in children, statistics for the latter showing about 10% mortality while that of the former is 25%. I have been informed that in the recent epidemic in Decatur and in Norton counties the mortality has approached 33%.

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SUGGESTION.

DR. C. C. GODDARD, Leavenworth, Kansas.

Read before the Northeast Kansas Medical Society, October 14, 1909.

The whole success of suggestion is due to the ability of fixing the attention of the mind upon any one subject to the exclusion

of all other subjects. This attribute is inherent and differentiates the man from the brute. By education the process becomes perfected, as is exemplified by our being able to follow any given train of thought to the exclusion of all others.

In all of the different walks of life it is customary to attract the attention of people and if our story, that we wish to tell, is of interest, to get their minds to readily run in the direction of our own train of thought and for the time being take no cognizance of any other.

This is suggestion and has been in use since the creation of man; even mother Eve practiced it upon father Adam and so prevailed upon him by portraying what beautiful vistas were to be beheld, by simply taking a bite of the measley little apple, that he forgot all that had been told him by his Maker, and while under her hypnotizing spell, lost all that was pure, and gained, knowledge.

Suggestion is used in every walk of life, and by all people, and is possible simply by fixing the objective mind upon some given subject intently and thus allow the subjective mind to absorb that which is presented for its education.

When we have pain in any part of the body, the tendency is for the mind to fix itself upon the fact and thus to gradually build it up, until it is well nigh unbearable, as a toothache for example. Something happens to suddenly attract the attention to some thing else and often your pain has ceased; at least for the time being; this is simply due to the power of suggestion.

The doctor uses suggestion in his daily work, and most of his success has been due to such use, without his ever giving the fact a moments consideration. The preacher uses it upon his congregations and often holds them spell bound while he holds out the hope of Heaven, or the fear of Hell.

The merchant uses it in his daily business and the more power he has to attract his prey the greater is his success.

The teacher uses it for the upbuilding of the infant mind and the more he, or she, has the faculty of suggestion, the greater services. The politicians use it to sway the masses and pave the way to the offices to which they aspire.

This all being true, as well as a great deal more, is it not strange that some certain faddists should all at once inform the people, that there was great balm in Gilead, of which the poor suffering populace had not as yet been informed, and that they held in their hands this great boon for mankind, this old, old thing suddenly made new, and called suggestion?

To the faddists it is, probably, a new thing, something of which they never before heard, or even read of, and yet to us it is, as I said before, as old as the day of Eve tempted Adam; and yet we, as a rule, have almost forgotten its existence, forgotten that we are using it daily and constantly; even now, to those of you that happen to be listening to me, I am using it on you and for the time being all else has slipped from your ken and you are thinking of suggestion alone.

No one for a moment doubts the good that may be accomplished by getting our patients' minds diverted from their real, or imaginary, ailments, but we are so often crowded for time that we do not attain all that we might by a more thorough use of its capabilities; the faddist having the time achieves results that look often miraculous. The success of the Different Cults, as Christian and Divine science, so called, is due to nothing else except suggestion. When we say that they are frauds and fakes, we know not whereof we speak and run risk of being dubbed nincom-poops, and deservedly so. The cults do, often succeed in their efforts in functional disturbances, as is most often exemplified in the nervous disturbances of the menopause in woman and the senile decay of the male.

As you have all doubtless heard, Barnum wrote that the "American people wanted to be humbugged," and that fact is not confined to the American people only, but to the world at large and the greater the humbug the more of it they are willing to swallow. Now you can go in and out, day by day, trying in your honest way to help some ailing patient, using all the time more or less of suggestion, and day by day they dwindle along, better then worse; when Lo! and behold! an individual is introduced to them as one that has the power of using occult, and he by making a few passes over them, and going through a certain process, gets their minds firmly fixed upon what he is doing, and saying, and before they are aware of what is taking place they are in a more or less hypnotized condition, and are ready to believe anything and everything he sees fit to tell them; then, when they are told that they are going to get well, and to fix their minds upon the fact, sleeping and waking; why before you know it your old stand by patient meets you on the street and sweetly tells you how well she is, thanks to professor this or that. Though you are really glad to see them up and about again, no one can really blame you for biting your lip and saying under your breath D. You wonder, why did I fail in that case? Well doctor, to your own negligence. You had all the power, and probably more, than the oc-

cultist had, but you did not take the time to use it, or to let your patient even know you had it, so you let her drift away from you. I have in mind, in this, a case of purely functional trouble without an incurable organic base. In fact, it was a case that was keeping itself ill by auto-suggestion, and all that was needed was the sway of a more powerful mind taking control and compelling them to turn their train of thought into a more healthful channel.

I said that you failed from your own negligence; that is, you had allowed yourself to drift into a routinist; to rely solely on different drugs that someone had told you, in some article, or book, did certain things in certain cases; yet neither the author, or yourself really knew whether they did or not; is that not taking things on faith? Yet you blame the laity for taking things told them on faith and dub them idiots, cranks, mountebanks and all sorts of devils.

The fact was you really could not find out where the trouble was located, it was as you said, baffling, did not seem to be any pathological lesion, yet, the women apparently was helpless and and unable to arise from her bed; so you treated as you say symptomatically, that is, to tell the truth, you treated what seemed to be on deck, at the time of your visit, not taking into account what the effect of your visit had upon her symptoms. One day you left her feeling a little better, that was due to the fact that Jones has just been in and had paid his bill, which was of long standing; you were more or less elated and the overtired feeling had left you for a while; so you were optimistic and all of your patients were feeling better—all on account of Jones. So was this particular case of functional trouble better, but alas, that night you were up till daybreak with a case of twins; next day you felt down at the heel, fagged out physically and mentally, still, as a matter of duty, you made your daily round, and as a result all of your patients were more or less badly affected by your state of lassitude, and pessimistic view of life in general, more especially so the case we lost to the follower of the occult, this case had become, for some reason, unaccountably worse, even in spite of the assafoetida pills you were feeling so good about the day before, having found, as you hoped, the panaces for the peculiar ills of this particular patient. If anyone had asked why you thought so, being an honest man, you would have been compelled to reply that you did not know.

Yet, you readily dub the scientist, occultist and faddist as—fakes.

It is a well established fact that the mind has a two-fold func-

tion; the one called the objective mind, which we might readily dub the promoter of subjects, or a general director of thought process, changing the course of thought from one subject to another; as we say, by will-power. Often when the mind is once started on one certain train of thought there is something that takes the voluntary will-power away, holds it in abeyance for the time being, and this process of thought goes on and on, ramifying here and there, taking in all ideas that have any bearing upon the train originated by the objective will-power.

This secondary portion of the mind is designated as the subjective, subliminal, or as some claim, the Soul, or the indestructible part of man. This portion of the mind is that which never forgets; it is that portion of the economy that carries on life in general, presides over all of the functions, regulating the circulation, secretions and excretions as well; that which controls nutrition; that which, when its course is run, allows decay to become the canker of life, sending the different tissues back to their mother Earth.

This is the portion of man that is so readily susceptible to suggestion and is the great promoter and controller of all, so-called, functional disease.

In the ordinary course of life we are, seemingly, unaware of being possessed of a heart, lungs, stomach or kidneys; or for that matter of a complicated system of nerves, but let any one of the organs of the body become disturbed in its ordinary function, and the mind at once takes cognizance of the existence of such organ.

If the overwork of the sympathetic, or vaso-motor system; or the thinking centers of the brain rebel, you have, as you say, a case of neurasthenia, collapse, or what is often called nervous prostration. Now suggestion steps in and the trouble is more and more pronounced, calls for more and more sympathy, until, all other trains of thought are shut out, thrown aside, and the individual can neither think, or talk, of anything outside his malady. This goes on until it becomes hydra-headed, hallucination become a part of the daily life, and if allowed to go on absolute delusions are finally to be overcome—thus we see 'tis but a step from sanity to insanity. Is there any known drug that will help this condition, granting that there is no organic lesion, and medicine that will absolutely change this morbid state of thought into a healthy channel? I fear not, and the only thing that will, is the power of suggestion—the control of a strong mentality forcing the weaker into an entirely different channel of thought; this is done every day and these are the cases that promote the success

of the charlatans of the world. But because they are smart enough to profit thereby, is no reason why we, as intelligent men, should eschew its use. The great trouble with medicine today is, that, the teaching of all the schools is toward materialism; they teach us to believe only what we can see and rely more and more upon drugs; that none of us really know anything about—all we generally know is that when we give a certain drug, certain things take place, but how it is done we do not know. This being a very Godless age men are treated as animals not as beings with some inherent essence that makes us believe that there is such a thing as immortality—that there is something in us, more than in a horse for instance, that causes a disturbance, that interferes with the health and nutrition of the body—who can imagine a horse having such a thing as nervous prostration? Yet if we are really nothing but bone, muscles, nerves and blood vessels, and the horse is certainly similarly constructed, why should the horse not have the same functional disturbances as a human being?

Possibly this subject of suggestion does not appeal to the most of the profession as it does to those of us who are called upon so often to treat these nervous and mental disturbances. To us, or at least to some of us, this matter of suggestion is of an every day occurrence, we send numerous patients home well and happy to their family and friends by its use. We do not tell our patients that we are helping them by its means, they go thinking we had some peculiar preparation or drug, or electricity, that no other doctors were able to obtain.

When we use our wonderful analgesic-somnes liquid, and they, feel the delightful thrills of its efficacy through-out the body as they admit, to the ends of their toes, close their eyes and fall into a restful sleep, being instructed while somnolent of how well they will feel when they awake, we do not feel that it would do any good to tell them that, that particular medicine that we had obtained at great expense from abroad was simply, pure distilled water.

But having gained their confidence; and their belief in our ability being absolute; we get them to thinking of how fast they are regaining their lost health, being daily assured of how much better they are, the old obstinate set of their thought centers is forced to give way to another set of thought bent in a different direction—and all of the tissues of the body again try to renew their allegiance so that before long, a condition of optimism has displaced the old pessimistic tenant and happiness and health hold the stage of life.

PLACENTAE-PRAEVIA.
An Anomaly of Insertion.

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DR. J. D. WALTHALL, Paola, Kansas.

Read before the Northeast Kansas Medical Society, Oct. 14, 1909.

To fully appreciate this disease, we must consider the histological anatomy of the placenta, as well as the endometrium.

The membranes investing the foetus are the amnion, chorion and decidua. The two former are developed from the foetal structures while the latter is developed from maternal structures. The amnion immediately surrounds the foetus, forming the amniotic cavity. The chorion is external to this and is formed out of the viteline membrane with the false amnion and its peripheral continuation with the external layers of the blastoderm.

As early as the fourth week the cellular processes or fringe are seen growing outward from the external surface, likened by some to tufts of sea weed. These tufts or villi at first cover the whole surface of the chorion, but as development progresses and the placenta is about to be formed, the villi are not further developed over the whole surface of the chorion, but are limited to that part which is to form the foetal portion of the placenta. The decidua is formed from and is a part of the mucus membrane of the uterus. Even before the ovum reaches the uterus the mucus membrane lies in folds or rugæ and is very vascular and this furnished a lodging place, even though it be not fecundated. But if fertilization has taken place and cell proliferation has begun, then the placenta begins its regular normal development.

The villi of the chorion gradually develops, forming large projections called cotyledones, each containing the ramification of vessels communicating with the umbilical arteries and veins of the foetus.

These vascular tufts are covered with epithelium and project into corresponding depressions in the mucus membrane of the decidua vera.

Likewise the maternal portion of the placenta made by the decidua seecotina consists of similar tufts with its arteries and veins dipping down into the depressions in the chorion, thus bringing the foetal and maternal blood in very close proximity providing means for the nutrition of the foetus and the depuration of its blood.

The maternal arteries open into spaces somewhat like the arteries in erectile tissue; these spaces communicate with veins

which anastomose freely with one another and give rise at the edge of the placenta to a venous channel which runs around its whole circumference, called the placental sinus or circular vein of the placenta.

A placenta is said to be *prævia* when it is attached to any part of the dilating or expanding portion of the uterus; this part being the lower segment. In the frequency of its occurrence statistics vary greatly.

In an emergency and consultation record, we find one in about 250, but in private practice records, it would not reach more than one to one thousand. Statistics exhibit great irregularities; in some years the condition is so frequent as almost to simulate an epidemic. It occurs about six times as often in multipara as in primipara, and more often in women who have borne many children, and whose tissues are flabby.

I have had one case in my practice who has had this condition twice besides several abortions which I am sure were due to this anomaly.

Of the varieties, Edgar gives complete and incomplete, the complete or centralis, is where it develops over the entire os, this variety being very rare, and almost always fatal, the incomplete varieties are the partialis and the lateralis. Partialis covers the os when dilation is complete, but there is more placental substance on one side than on the other.

The lateralis or marginalis covers the lateral portion of the lower segment but does not pass the os even when in complete dilation.

Among the causes of faulty attachment of the ovum are conditions leading to enlargement and relaxation of the uterus and changes of shape and condition of the mucosa, as endometritis, abortions, tumors, etc.

The causes of hemorrhage are better understood by thinking of the uterus, with three distinct parts, each having a different function. The cervix is only active during labor, when it dilates. The body is divided into an upper and lower segment. The lower is thin, strong and fibrous with a peculiar function of expansion and retraction, and is separated from the upper segment by Bandl's line. The upper is thick and muscular, whose function is the expulsion of the *fœtus*. The cause of hemorrhage is the separation of the placenta from its attachment to the uterus; this is accomplished in several ways. It may be due to accident or to natural causes; of the first, would be shock and trauma; the latter would be due to growth and development of the placenta where its at-

tachment is on the lower segment. Here the placental portion of the uterine wall expands instead of developing and thus retracts, pulling itself loose from the placenta, thus producing the seeming menstrial flow during gestation. Any hemorrhage during gestation should be looked upon with suspicion. The so called menstruation during pregnancy should be diagnosed (placentae praevia) probably of the lateralis variety, but if hemorrhage is due to accident it would be a strong symptom of placenta praevia centralis.

They seldom lose enough blood to be dangerous before labor pains begin, and during this time the physician has an opportunity to prepare the patient and friends for the ordeal which he must face.

A positive diagnosis is difficult, until labor has begun, and the placenta can be palpated by the finger through the os. If along with hemorrhage we find an absence of ballottment with a boggy thickened felt through one or both vaginal fornices, usually thicker on one side than the other, and a patulous os, for the purpose of precautionary measures we should diagnose P. P. The prognosis is always bad, but it is more favorable in multipara than in primipara, also more favorable if no bleeding has occurred until labor has begun or has well advanced. The degree of danger is dependent on the approach to the centralis variety. Death sometimes occurs from the laceration of the cervix and the lower segment from too rapid delivery, causing additional hemorrhage, or from post partum hemorrhage due to a failure of the flabby and inert lower segment to contract and close the bleeding vessels. Death may come suddenly after the bleeding has entirely ceased from the great constitutional depression which follows the loss of blood.

There is an increased risk from septic infection, from, first, the freedom with which the empty vessels absorb; second, the low position of the placental site; third, the free and extensive manipulation by the hands and instruments found necessary in the rapid forceful delivery. The prognosis is modified by the amount of blood lost prior to the actual labor, and also by the force and frequency of the contractions during delivery.

The chances for the life of the child are much less than that of the mother. Its first danger is from asphyxia, and second, from malposition, due to the presence of the placenta occupying the lower uterine segment; third, prematurity; fourth, version to despatch delivery, and fifth, inanition, due to extensive separation of the placenta and anemia of the mother. When the diagnosis

is made, the first thing to do is to get good counsel, no more because we need all the help we can use, than that we need a good, honest, fairminded practitioner with whom to share the responsibility.

There will be one death and probably two. I may be pessimistic, but my experience in seven cases bears out this opinion. The child in each case was lost, two of the mothers died, and the other five recovered with one exception, who, has since this delivery suffered a permanent dementia.

When the diagnosis of P. P. is made, the broad rule is, empty the uterus at once. Some object to this before the seventh month, or until the viability of the child, but fortunately there seldom occurs a severe hemorrhage before that time. But when you realize that the chance of the life of the child is next to nothing it is not to be considered. The hemorrhage must be cared for if it be profuse, and if not you must be prepared for the emergency. I think the tamponage of the vagina is almost useless and nothing short of a dilatation of the os and a carefully placed packing there along with the vaginal tampon will result in any good. This procedure will soon induce labor, and the course of treatment must be determined.

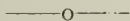
If you have thus far succeeded in producing a hemostasis, no harm can come from waiting for a natural labor, such a labor is possible in P. P. but two conditions must be present, first, a firm coagula as a prevention of further hemorrhage, and second, good, strong uterine contraction.

If inertia does occur before labor is completed, and dilatation is sufficient, the forceps may be used, or, version performed. Spontaneous labor is a great exception and induced labor the rule. If the flow is not under perfect control, the delivery must be made at once, as the patient is gradually becoming less able to undergo the operation. Besides the tamponade, several other procedures are recognized. To rupture the membrane and then allow the presenting portion to press upon the lower segment, or the modified podalic version of Braxton Hicks; this is done by bringing one foot down or producing a half breech, but personally I should consider these temporizing measures.

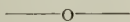
When a spontaneous delivery cannot be had, I would dilate, perform version and deliver as quickly as possible. It is important to do as little injury as possible to the placenta, as you are almost helpless to control hemorrhage during version and delivery. Before undertaking this operation, one should be prepared to use normal salt solution, both intravenously and by the rectum. On

account of the peculiarity of the lower segment of the uterus, post partum hemorrhage is to be expected. In view of these conditions that are beyond the control of the physicians the operation of Cæsarean section should be considered.

In preparing this paper it has not been the intention of the writer to offer anything new but to invite a discussion on this important subject, from the personal experience of his fellow practitioners.



Too great significance should not be ascribed to enlargement of the axillary glands in cases of mammary tumors; for it may be due to systemic conditions having no relation to the tumor. For this reason always examine both axillæ.—International Journal of Surgery.



Scopolamine—Dangers From.—Nicholson (Jour. Missouri State Med. Asso., Oct., '09, p. 237) concludes from experiments that the toxic effects of scopolamine and morphine is similar to that of morphine when given alone. Animals killed by toxic doses show the same autopsy findings as when morphine alone was used, i. e., congestion of the viscera. Scopolamine by itself is but slightly toxic for animals and "certainly does not produce a degeneration of the heart, liver or kidneys." In discussion of this paper Dr. Dorsett (Ibiff., p. 238) stated that the use of H. M. C. tablets (which are essentially scopolamine-morphine, the cactine having been proven a neutral substance) is not without danger to the child when used in obstetric practice. He cited instances in point. Of more moment is the statement of Dr. Selig: "Regarding the scopolamine, it was my privilege to publish the first paper that was published in this country on that subject. I was chagrined by reports just like Dr. Dorsett has given, and on the basis of these reports I quit using it. The effects did not seem to be constant, and I was unable to get any definite opinion from Parke-Davis & Co., as to the cause of this. I never knew why this was until I saw a report by Cushney to the effect that there is one type of scopolamine which in the polariscope rotates the beam of light to the right, and another type which rotates to the left. One of these types has a depressing effect on the cardiac and respiratory mechanisms. It seems to me that it is unfair to your patient in its effects that it depends upon the direction of rotation. I have been absolutely unable to get any guarantee from the drug houses, and I have ceased to use it.—Ohio State Medical Journal.

THE JOURNAL OF THE Kansas Medical Society.

JAMES W. MAY, - - - - EDITOR.

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

Subscription Rates: \$2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

LIST OF OFFICERS.—President, O. J. Furst, Peabody; 1st Vice-President F. F. Foncannon, Emporia; 2nd Vice-President, J. D. Walthall, Paola; 3rd Vice-President, J. P. Kaster, Topeka; Secretary, Chas. S. Huffman, Columbus; Treasurer, L. H. Munn, Topeka; Librarian, S. G. Stewart, Topeka

COUNCILLORS.—1st District, C. W. Reynolds, Holton; 2nd District, Preston Sterritt, Kansas City; 3rd District, Hugh B. Caffey, Pittsburg; 4th District, O. P. Davis, Topeka; 5th District, W. E. Currie, Sterling; 6th District, Arch D. Jones, Wichita; 7th District, F. M. Dailey, Beloit; 8th District, O. D. Walker, Salina; 9th District, C. S. Kenney, Norcatar; 10th District, E. J. Beckner, Seldon; 11th District, J. A. Dillon, Larned; 12th District, W. F. Fee, Meade.

EDITORIAL

Education is the only interest worthy of the deep controlling anxiety of the thoughtful man.—Wendell Phillips.

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Lay Medical Journal.—It is announced that Dr. Julia Riddle, Oshkosh, Wisconsin, has been elected editor in chief of a new monthly publication to be known as The Layman's Medical Journal, having for its object the eradication of preventable diseases. The collaborators on the staff are Drs. Anna B. Corr, Juneau; M. Adeline Riddle, Oshkosh; Belle P. Nair, Fort Atkinson; Johanna M. Dropers, Milwaukee; and Evelyn C. Hoehne, Milwaukee.—Journal A. M. A.

This is certainly a good move and the only suggestion that could be made would be that the scope of the Journal be enlarged to take in everything that the laity should know in regard to patent medicines, quacks, superstitions, mental healing, etc. However, this is not a criticism and in all probability the founders have these ideas in view.

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The following verbatim report of a case of so-called maternal impression was recently reported in a southern state medical journal:

"The pregnant mother learns of the amputation of the arm

of one of her neighbor's sons and visits the bedside of the wounded boy and asks to see the arm which, in the course of the evening she viewed, as the stump was being dressed, she placing her own hand upon the wounded member and examining minutely the stitch holes.

A few months after, she gave birth to a healthy male child sound in every way except one arm was wanting, appearing to have been amputated at the same place, stitch holes and all showing relatively as in the wounded boy above mentioned. This is vouched for and attested by a half dozen doctors besides myself. Being such an unusual case, out of the ordinary maternal impressions, I call the attention of the profession to it."

In a personal communication, the physician who made the above report maintains its correctness and adds: "I do not try to even attempt to explain the mysteries of nature and its complex processes or worry my 'gourd-head' over the matter;" and he intimates that persons who do try too zealously to unravel them are really "wise-acres who attempt to out-rival God."

In the report of the above case we learn that a "few" months after the maternal impression or shock occurred the birth took place, the inference being, of course, that, after the fetus had continued to develop normally for five or six months, one of its arms which, up to that time had been present and perfect, made its disappearance. This could have been brought about at this stage of fetal development only in one way—by absorption, with or without amputation, as no vestige of the missing part of the arm was found at birth. Had the arm been amputated by the umbilical cord (the only thinkable way by which this could have been done), it would have been expelled at birth, because the amniotic liquid has no solvent or digestive power sufficiently great to completely to meet an amputated arm; therefore, the fetus itself must have absorbed it.

When it is remembered, however, that the mother has, anatomically, no nervous connection whatever with her fetus, it surely must seem that a command, on the part of the shocked mother to her fetus that it proceed at once to absorb one of its arms, would have a very difficult journey to make in order to reach its destination, to say nothing of the difficulty the fetus would have, first, to apprehend the maternal command, and, then, to execute it.

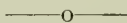
But our southern medical friend is not alone in enlisting this fantastic explanation for the appearance of at least some fetal abnormalities. Such eminent obstetric authorities as Hirst, Davis, Dorland, Jewett, Edgar, and others of prominence mar their text

books with similar examples of sewing-circle science. He is therefore in very respectable company, but in company which is in no imminent danger of trespassing beyond very safe theological limits in its effects to unravel "the mysteries of nature," at least so long as its members confine their scientific activities to the domain of teratology.

A reckless Scotchman by the name of Ballantyne has, however, ventured to offer other explanations than the maternal impression theory for the congenital absence of an arm. In his superb work on Antenatal Pathology and Hygiene he tries to show (whether as a "wise-acre who attempts to outrival God" or not, we shall not stop to consider) that such cases as the one recorded above must have originated very early in fetal life, probably before the end of the sixth week—long before the mother got her "impression." He thinks that the most likely explanation for the occurrence of this defect is to be found in the "pressure" theory which assumes that the amnion either adheres or presses upon the embryonic arm "bud" and thereby interrupts or stops the development of the arm. If this explanation be correct, then the fact that the mother saw an amputated arm a "few months" before her baby with only one arm was born, becomes only a rare coincidence, and nothing more.

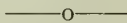
Will the time ever come when American physicians will no longer wink at, when they do not directly advocate, the maternal impression superstition? Certain it is that too many of them still continue to be so infatuated with this theory of our grandmothers that they consider it downright blasphemous to question its power as an important teratological factor. And it is feared that this state of mind will persist at least as long as this superstition continues to be taught by an important section of our obstetrically "wise men of the East."

E. T. SHELLY.



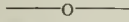
SOCIETY NOTES.

The Northeast Kansas Medical Society will hold its Annual meeting at Lawrence, February 10th.

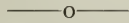


The Wyandotte County Medical Society, at its annual meeting held in December, elected the following officers: President, L. D. Mabie; Vice-President Farquhard Campbell; Secy., C. A. Foulks; Treasurer, A. K. Masterson; Censor, Hugh Wilkinson; Delegates to the State Society, J. E. Sawtell and B. M. Barnett.

Drs. J. O. Dingus and J. Glenn Rea of Wellington, have become members of the Sumner County Society.

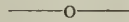


Medical Society of the Missouri Valley meets at Omaha, Neb., March 17 and 18, 1910. President, Dr. A. B. Somers, Omaha; Secretary, Dr. Chas. Wood Fassett, St. Joseph.

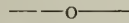


The Anderson County Medical Society met this evening and the following officers were elected for the following year: Pres. Dr. Chas. E. Longacre, Wesphalia, vice-pres; Dr. T. A. Hood, Garnett, Secretary; Dr. W. E. Cunningham, Garnett, Treasurer; Dr. R. H. Mumford, Greeley; Dr. G. A. Blasdel of Garnett, Delegate to State Society held over.

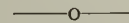
T. D. BLASDEL, Sec.



The Sumner County Medical Society held its annual meeting December 1, 1909, and elected the following officers: President. Dr. Melvin Collins, Oxford; Vice-president, Dr. F. G. Emerson, Wellington; Secretary, Dr. T. H. Jamieson, Wellington; Censor, Dr. D. E. Kisecker, Caldwell. The president appointed Drs. J. J. Sippey, D. E. Kisecker and T. H. Jamieson a committee to arrange for a public meeting, along the lines suggested by the A. M. A., Previous to the annual meeting, a banquet was held at the Harvey House, for the doctors and their wives.



The Northeast Kansas Medical Society meeting takes place at Lawrence, Feb. 10th. The afternoon session will be held in Snow Hall, at the Kansas University. A dinner will be tendered the visitors at the Eldridge Hotel and the evening session held there. A part of the program is as follows: Address of Welcome, Chancellor Frank Strong; President's Address, Dr. O. P. Davis; Demonstration of Some Interesting Embryology, Prof. C. E. McClung; Demonstration of Interesting Pathology, Dr. E. H. Schorer; On the Physiological Action of Ethyl Alcohol, Dr. James Naismith; A Non-medical Man's Influence on Medicine, Dr. M. T. Sudler; Contagious Diseases and Their Management, Dr. Henry B. Miller; Paper on Gynaecology, Dr. J. C. Shaw; The Location of a State Sanatorium for Tuberculosis, Dr. M. A. Barber.



The regular monthly meeting of the Saline County Medical Society was held in the offices of Dr. S. Harvey, at Salina, on the evening of December 5th, '09. A paper was read by Dr. L. O. Nordstrom on "A Plea for the Early Diagnosis and Treatment of

Cancer." Following the discussion of this paper the following Doctors were elected to membership in the Society: J. E. Graf and J. W. Simons, of Lindsborg, and B. I. Townsend, of Falun. The Society proceeded to elect its officers for the ensuing year which resulted as follows: Pres., H. N. Moses; Vice-Pres., J. W. Neptune; Sec. L. O. Nordstrom; Treas., J. K. Harvey; Censor, A. G. Anderson; Delegate to the State Meeting, O. D. Walker. The members then proceeded to the Eagle Restaurant where a banquet was given by the out-going president and vice-president. L. O. NORDSTROM, Sec.

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SALINA, KAS., Nov. 30, 1909.

DR. MAY, Editor Kansas Medical Journal;—You may not have been notified by the Secretary that there was a new organization formed at Hoxie, Kansas, on Nov. 20, 1909, by the Doctors of Sheridan, Graham and Gove counties. Such is the case however, and the following officers were elected: President, E. D. Beckner, of Hoxie; Vice-President, Dr. R. Stoner, Quinter; Secretary and Treas. Dr. A. C. Wilmot, of Moreland. The Society was too young to name while I was there so cannot give you any information on that line. They are going to meet in joint session with the N. W. Society at Colby sometime in December. Exhibit (Tuberculosis) is popular as ever and more so. Attendance at Salina in 2½ days was 3237, in spite of storms of rain, sleet and snow. Yours very truly,

S. C. EMLEY.

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At the regular annual business meeting of the Shawnee County Medical Society, held December 6, the following officers were elected for the ensuing year: President, Dr. C. F. Menninger; Vice-president, Dr. M. C. Porter; Secretary, Dr. H. M. Connors; Treasurer, Dr. S. A. Johnson; members of Board of Censors, Dr. W. E. McVey, J. B. Tower, and O. P. Davis. Delegates to State meeting, Drs. D. E. Esterly, H. L. Alkire, W. E. McVey; alternates, Drs. R. S. Magee, C. A. McGuire, and S. A. Johnson.

The Society has 72 members in good and regular standing—all dues paid.

It was moved that the program committee arrange for twelve short papers on subjects of general public interest, to be submitted to the Society, discussed, and then to be offered to the local daily papers, these to be in addition to the regular years' program of papers on scientific subjects.

Three new members were received, Dr. O. E. Billings, Dr. E. S. Pettijohn, and Dr. H. L. Clark. J. B. TOWER, Secretary.

The Labette County Medical Society met at the Matthewson Hotel Wednesday December 22.,

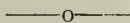
Dr. N. C. Morrow presented a case with obscure vesical and urethral symptoms which, after examination and discussion, was diagnosed as probable renal calculus.

The secretary was directed to invite the State Board of Health to send the Tuberculosis Exhibit to Parsons.

Dr. G. W. Maser conducted a short quiz on the "Ear and Its Diseases."

The Society then proceeded to the election of officers for 1910, which resulted as follows: President, E. W. Boardman; Vice-President, P. W. Barbe; Secretary, O. S. Hubbard; Delegate N. C. Morrow; Censor, H. P. Mahan; Censor to fill vacancy, E. E. Liggett.

O. S. HUBBARD, Secretary.



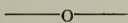
THE JOURNAL of the Kansas Medical Society: Nov. 26. —The Clark-Commanche County Medical Society was organized at Ashland, Wednesday, and the following officers elected: President, W. F. Taylor, Ashland; vice-president, R. C. Clapp, Coldwater; Secretary, F. I. Dodge, Ashland; treasurer, G. M. Kendall, Englewood.

We were the only four that showed up, although other men had notice of meeting. I am quite sure the other men will unite with us at once.

I have instructed Dr. Dodge to send you money, and blanks filled out by each member uniting, at once, with application for charter. Dr. Fee was here and instructed me to proceed as above. We have elected the old and venerable Dr. Taylor, our president, in order that it might add prestige to our cause. I would consider it a personal favor if you will communicate with Dr. Dodge, and get the thing running at once, as we want to get both counties solid by Christmas.

Any information that you may desire, if not able to obtain satisfactorially from the proper officers, kindly communicate with me, as I have been instructed in fostering this start and naturally feel a friendly interest in its proper running.

R. C. CLAPP, M. D.



The Montgomery County Medical Society met in Independence, Kansas, Tuesday evening, December 14, 1909, at six o'clock P. M., and elected the following officers for the year 1910: President. Dr. W. E. Youngs, Cherryvale,; Vice-president, Dr. J.

A. Pinkston, Independence; Secretary and treasurer, Dr. W. C. Chaney, Independence; Board of Censor, three years. Dr. J. H. Johnson, Coffeyville; Delegate to state society, Dr. J. T. Davis, Independence.

It being the custom of the Montgomery County Medical Society to banquet the wives and sweethearts of the doctors of the county, following the business part of the December meeting each year, the banquet was held this year as usual at the Carl-Leon Hotel. Forty-one were present to participate. After a splendid five course banquet, the following responded to toasts: Dr. F. A. Stevens, Caney, Toastmaster. Mrs. J. T. Davis, Independence, "Montgomery County Doctors; Dreams that Have Been Realized." Dr. A. W. Evans, Independence, "The Doctor's Wife." Dr. W. E. Spaulding, Tyro, "The Bachelor Doctor." Dr. M. A. Finley, Cherryvale, "The Stork." The yearly banquet of the Society to which all doctors of the county and their wives are invited has proven a great benefit to the physicians of the county in promoting a general good feeling among all the physicians of the county.

The Society is carrying on the Post-Graduate Course of study and much interest is being manifested in the work.

W. C. CHANEY, Secretary.

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The Chatauqua County Medical Society convened in the offices of Dr. W. G. Jack, Chatauqua, Kansas, December 6. The following physicians were present; Dr. Stout, of Elgin; Drs. J. D. Stevens and Fred Calhune, of Peru; Dr. Carl Lewis, of Niotaiz; Drs. Vermillion, Goss and Evans, of Sedan; Dr. Jack of Chatauqua, presiding.

The following officers were elected for the ensuing year: President, Milton T. Evans, M. D; Vicepresidents: Elgin, W. G. Jack, M. D. ; Cedar Vale, P. N. Whitney, M. D; Sedan, John S. Vermillion, M. D; Peru, Fred Calhune, M. D. Board of Censors are as follows: G. W. Goss, M. D., term expires December 1910; John S. Vermillion, term expires December 1911; and W. G. Jack, term expires 1912. Dr. C. D. Blachley, of Cedar Vale, was elected secretary, and Dr. G. W. Goss was elected delegate for the second term. It was decided to give delegates two terms as they would become better acquainted with the work of the State Society.

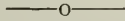
This day, December 6, is the 174 anniversary of the first authentic reference to the removal of the human appendix during life, and the program was all on the appendix and appendicitis.

Dr. Milton T. Evans read notes on the early history of the appendix and its treatment.

Dr. G. W. Goss spoke of the modern methods of diagnosis. The day was very stormy and our time limited, consequently Dr. Calhune's paper on modern methods of treatment was postponed till the next meeting. The meeting adjourned to convene in Sedan Monday, January 3, 1910.

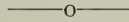
The profession in Sedan are contemplating a banquet at night .

MILTON T. EVANS, M. D. Secretary.

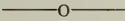


NEWS NOTES

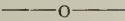
The Council of the Kansas Medical Society held a meeting in Kansas City December the 29th. No changes were made in the management of the Journal.



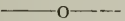
Mayor U. S. Guyer has appointed the following Board of Health for Kansas City, Kansas, : Drs. Hugh Wilkinson, J. A. Fulton, L. D. Mabie, C. E. Coburn, C. J. Sihler.



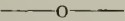
Charles M. Fisher, M. D., Kansas City, Mo., Medical College, 1900; a member of the Kansas Medical Society; died at his home in Hanover, Kan., December 9, from pneumonia following typhoid fever, aged 35.



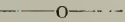
Case of Leprosy Found.—A case of leprosy is reported in Calumet, Michigan. The patient is a Finn who was in the government employment in Alaska five years ago. The diagnosis has been confirmed by Dr. A. S. Warthin of the University of Michigan.



Many favorable comments on the Witmer System Desk are being expressed by physicians throughout the state. In the city of Topeka 18 of these systems have been installed. They certainly facilitate the practice of medicine and as a saver of time are unsurpassed.

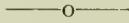


The University of Kansas manufactures one kind of liquid that cannot be obtained elsewhere this side of the Universities of Illinois or Wisconsin—liquid air. There is considerable demand for this product on the part of colleges and demonstrators, and the University plant supplies practically the whole Missouri valley.

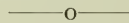


Dr. S. J. Crumbine, secretary of the state Board of Health,

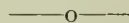
is now a member of the lecture staff of the University of Kansas. At the last meeting of the Board of Regents, Dr. Crumbine was appointed a lecturer on pure food and drug regulations, and sanitation. The appointment will in no way affect or interfere with the duties of Dr. Crumbine as secretary of the Board of Health, but will give the University the benefit of a course of lectures to be delivered by him during the year.



The Society of Medical History of Chicago has been recently organized, with Dr. Isaac N. Danforth as President, Dr. N. S. Davis, as Vice-President, and Dr. George H. Weaver, as Secretary. Its Council consists of Dr. Ludvig Hektoen, Dr. Geo. H. Weaver, Dr. John Edwin Rhodes, Dr. N. S. Davis, Dr. Henry T. Byford, and Dr. Geo. Henry Cleveland. Dr. Howard A. Kelly, of Baltimore, will deliver the address at the first meeting, which will occur on the evening of February 19, 1910. The Society has been formed for the purpose of systematically collecting and permanently preserving in an accessible manner any matters which are or will become of interest in connection with the medical history of institutions, organizations and individuals, especially of Chicago and the surrounding States.

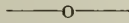


Lodge practice is to be absolutely forbidden the members of the Oakland County Medical Society after the first of the year. At their annual meeting, an amendment to the by-laws of the Society was passed which compels any member engaging in this practice to forfeit his membership. This, we believe, is right, although it is quite the most drastic move yet made by any county society in the state. The evil is such a far reaching one that any measures to suppress it are justifiable. Before such action is taken every means should be exhausted to get members to give up the work. If these fail—and we understand that they have failed in Oakland—then expulsion for the county, state and national society is none too severe a punishment for the man who persists in a practice which is injuring not only his profession, but the public as well.—Journal Michigan State Medical Society.

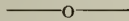


In this period of advanced prices and increased cost of living it may not be out of place to call attention to the justice of increased fees for the doctor. With increased requirements for the practice of medicine, and with the attending increased cost in securing a medical education, it is but a matter of justice for the doctor to demand increased fees for service. We are all the more justified in

demanding larger fees to keep abreast of the increased incomes of people in all other walks of life. Another thing which should receive the serious consideration of all doctors is the question of presenting monthly statements to any and all patrons. There is absolutely no reason why doctors should not be as systematic in the presentation of statements as the merchant, and be equally as urgent in his demands that payment of indebtedness shall be reasonably prompt. Doctors have always shown and always will show leniency where leniency is due, but for those who are able to pay the rule should be that payment must be prompt.—J. Ind. State Med. Society.



Enternol and Humbugger.—The Journal of the A. M. A. for November 20 shows that the "literature" formula of this nostrum gives an unknown ingredient, "latalia rad," while the label omits this fake ingredient and substitutes "opium $\frac{2}{3}$ gr." The Food and Drugs Act makes lying on the label illegal, and therefore dangerous, but misstatements in advertisements matter that does not accompany the product are not controlled by the law. Medical journals are asked to advertise this remedy and take their pay in stock in the company. A circular to "investors" states that the "average cost to manufacture, ready to ship, a dollar's worth of these goods (fig-ol and enternol) is less than ten cents." Another statement is "The only thing needed to bring tremendous results and dividends of 100 per cent. is the proper amount of judicious advertising." This is one specimen: "One Christian Missionary, the Rev. Paul Singh, of Jubbulpore, India, testifies that he cured thirteen severe cases of Asiatic cholera with a box containing less than thirty tablets" (of enternol).—Pennsylvania State Medical Journal.



State Board of Health Notes.

A pair of unheavenly twins—the shallow well and the cesspool.

Alcohol is literally a toxin, being the by-product of the germs of fermentation.

Kansas is the only State using the sanitary score card in food and drug inspection.

Whooping cough and measles kill twenty times as many Kansas people annually as smallpox.

Neglected suppurating ears, and chronic sore eyes, are like compound interest in the magnitude of the final results.

The well and outhouses on the average farm are located with a view of convenience, and not of sanitation.

Over 100 new slaughter houses have been built along sanitary lines the past two years, the result of "slaughter-house inspection."

Spirits of Nitre, must have been prepared within thirty days and kept in a cool dark place if reliance is to be placed in its therapeutic value.

Are you reporting your cases of Tuberculosis? If not, and you think you have a valid objection for not doing so, will you please write to the Department and state your objection.

The fond parents who wantonly expose their child to a contagious disease of any kind, no matter how mild the epidemic, should have a guardian appointed, or be sent to Osawatomie.

Over 60 per cent of Tr. Iodine samples secured from druggists all over the state, by the drug inspectors of the State Board of Health have been found to be adulterated, by being sub-standard in strength.

Not a single sample of Elixir of Pepsin, that has been examined at the Drug Laboratories of the State Board of Health at the School of Pharmacy at Lawrence, has been found to have any appreciable digestive value.

Kansas is the only State having a standard for cereal sausage. Four per cent of cereal only being allowed, and no greater percentage of water added than is contained in normal meat used in its preparation.

Kansas was the first state to abolish the common drinking cup on railway trains and in the public schools. Five other states have since followed, the latest to join the procession being the young giant Oklahoma.

Although the farthest removed from the seashore, Kansas was the first state to adopt a standard for oysters, and the investi-

gations made by the Food and Drug Division of the State Board of Health, through Food Analyst Professor Willard, and upon which these standards were based, are generally considered authoritative and are used as a basis for similar standards by other states.

The State Board of Health expects to have their plans for the distribution of Diphtheria Antitoxin to the poor of the state completed by or soon after February first. All towns of 500 or over, and the county seats will have a depository for such distribution; blank applications will be furnished the physicians through the County Health Officers, and City Health Officers in cities of the first class.

Tuberculosis may be disseminated through a tubercular infected water-supply. It has been demonstrated that the tubercle bacillus may live from one to twelve months in water. Therefore, the habit of the careless consumptive that spits on the ground near a well which may be polluted, is as dangerous a practice as throwing the unsterilized discharges of a typhoid-patient upon the ground near a well.

Kansas was the first state to adopt a standard to control patent or proprietary medicines, and which has thus far been instrumental in suppressing a number of fake nostrums. The standard is as follows: "Proprietary medicinal preparations and similar medicinal products are required to conform in composition to the freshly prepared non-deteriorated article, and to conform to the professed standard of properties, quality and strength claimed for the preparation." Missouri has recently adopted the same standard.

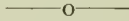
Scientific American says: "The process for manufacturing high-grade Ethyl Alcohol from wood waste has been developed by the Standard Alcohol Company of Chicago, at 10c per gallon. The wood is digested in a machine, performing the functions of a stomach, the starch is converted into sugar, pumped into fermenting tanks, brewers yeast added, when the resulting fermentation converts the sugar into Ethyl Alcohol. This will release for food purposes millions of bushels of corn and barley which is now used in manufacturing alcohol.

Dr. James Louis Harrington of Kansas City, Mo., 42 years old, died of heart disease at 8.30 o'clock yesterday morning at his residence, 3419 Broadway. He had attended a banquet of the

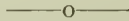
Jackson County Medical society the night before, and appeared in apparently good health at the breakfast table. While shaving himself before going to his office, he felt the attack coming on and calling to his wife, his last words were "Oh, mamma, I am going." Life fled almost simultaneously with his last words.

Dr. Harrington came to Kansas City in 1867 with his father D. A. Harrington, a contractor at 2026 East Thirty-sixth street. He was graduated from the University Medical College in 1892.

At the time of his death he had offices in the Rialto building and had been secretary of the Post Graduate college and hospital since the organization of the institutions. A father, mother, widow one son and two daughters survive.—Kansas City Star.



Flexner's Serum at the Kansas University at Lawrence.—The department of pathology at Kansas University has arranged to keep constantly on hand a supply of Flexner's anti-meningococcus serum. This is a serum that has been developed at the Rockefeller Institute, and seems to mark the first real advance in the treatment of epidemic cerebro-spinal-meningitis. Where properly given it has greatly lowered the mortality from this unusually fatal disease. It cannot be purchased on the market and is to be had only from Dr. Flexner himself, and then only on condition that it be given by someone trained in his laboratory and that the bacteriology of the case be carefully worked out and the results reported to him. Dr. Schorer of the medical school who has worked in the institute, will have personal charge of the serum and will go anywhere in the state to administer it. The bacteriology of each case will also be worked out in the pathological laboratory of the University.



To the Officers and Members of State Medical Licensing Boards: To the Officers of State Medical Associations: To Members of the National Legislative Council: To University Presidents, College Professors and others interested in Medical Education and Medical Legislation, GREETING:

A special conference on Medical Education and Legislation will be held at the Congress Hotel (formerly the Auditorium Annex), Chicago, Monday, Tuesday and Wednesday, February 28, March 1 and 2, 1910, the session to begin at 10 o'clock Monday morning.

Monday, February 28th.—On Monday the council on Medical

Education will hold its sixth annual conference. A report will be presented showing the present status of the medical colleges in the United States and another report giving practical tests in state license examinations. Other important topics bearing on medical education will be discussed.

Tuesday, March 1st.—On Tuesday there will be a joint conference on Medical Education and Medical Legislation, at which the essentials of a model medical practice act will be considered.

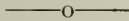
Wednesday, March 2nd.—On Wednesday the committee on Medical Legislation will hold its annual conference, discussing a National Bureau of Health, vital statistics, pure food and drugs, expert testimony, and other live topics.

You are most cordially invited to attend this conference and to participate in the discussions.

Council on Medical Education, N. P. COLWELL, Secretary.

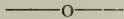
Committee on Medical Legislation, FREDERICK R. GREEN, Secretary.

Chicago, Ill., Dec. 1. 1909.

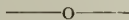


CLINICAL NOTES

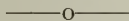
When operating on a direct inguinal hernia undue enthusiasm to find a sac may lead one into the bladder.—American Journal Sur.



A complicated operation in minor surgery is that of circumcising a patient who has acute gonorrhoea and not infect the cut edge of the prepuce. It merely requires care, attention and a thorough as well as efficient antiseptic dressing.—American Journal Dermatology



Neuralgia of the breast is apt to occur in nervous women and often excites a fear of cancer in the mind of the patient. The pain is usually worse at menstrual period and anemia is frequently present.—International Journal of Surgery.



Vomiting of Pregnancy has been relieved recently in Genoa by using one to one thousand adrenalin solution. At first ten drops was given by enema morning and night; then on the third day it was given in ice water by the mouth and was retained even in severest cases. After the third day a light food was retained and after the tenth day the solution was reduced to five drops twice a day. If the nausea increased the dose was increased. It is to be hoped this will be found generally valuable.—Ellingswood Therapeutist.

Pellagra.—That the real cause of this difficulty is by no means yet determined, is impressed upon the minds of all observers. While it has been attributed to corn, a marked and distinct case has been recently reported in which the patient has never eaten any corn, nor any corn products, and does not even use whisky made from corn, thus excluding corn entirely in this particular case as cause of the disease. In our own country we may be excused for knowing but little concerning its cause by the appearance of the disease here only recently.—Ellingwood Therapeutist.

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A swelling in the inguinal region that is painful to the touch should be very carefully examined as it may be one of several conditions, each of which has a certain degree of importance. Of course, the condition will be called an inguinal adenitis which it may or may not be. If the swelling is red, tender and fluctuating, it is apt to be a chancroidal bubo. Look for the chancre. If the color bluish, the pain on pressure intense and there is no fluctuation, the lesion is probably a gonorrhoeal bubo. If the pain is marked, the color of the skin normal, look for an inflamed undescended testicle. The examination should be made with care and the possibility of all three conditions kept in mind.—American Journal Dermatology.

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Manias Acute, Apomorphine as a Hypnotic in.—Dr. A. M. Roseburgh, secretary to the Ontario Society for the Reformation of Inebriates, states, in the Canadian Practitioner, that he has found apomorphine most useful as a hypnotic in alcoholism. In doses of 1-20 or 1-30 gr. it acts as promptly as it does as an emetic in doses of 1-10 gr. However wild or noisy the patient, he usually sleeps peacefully in 10 or 12 minutes. The sleep may last 10 or 12 hours, after which he awakes fresh and sober. The writer seems to think that the discovery of this use of apomorphine will mark a new era in the management of cases of acute alcoholism and delirium tremens. In many hospitals patients in these conditions are far from welcome but when it becomes known that a safe and prompt hypnotic is available they will be admitted more readily.—Journal Medical Society, New Jersey.

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Pleurisy and Pneumonia Secondary to Inflammation of Intra-abdominal Organs.—La Roque (International Journal of Surgery September, 1909) concludes an article on the above subject as follows: "Pleurisy and pneumonia are much more frequently caused by infectious diseases within the abdomen than has hitherto been believed. The right side is more frequently involved than the left.

It is the duty of surgeons to constantly bear this in mind and carefully examine their patients for pleural and pulmonary complications during the course of intra-abdominal infections and after operations. The frequency of abdominal infection as a cause of pleural effusion and pneumonia calls for a painstaking examination of the intra-abdominal organs in each case in which the signs of intrathoracic inflammation exist. The infection of the pleura and lung following intra-abdominal inflammation is conveyed through the diaphragm, omentum, and mesentery by way of lymphatics. "Ether pneumonia" does not exist, and the term anesthetic pneumonia should be entirely discarded. If during the course of an intra-abdominal affection, pneumonia or pleurisy should be discovered, they constitute no contra-indication to operation, but, on the other hand, urgently call for drainage of the primary focus of suppuration."—The Therapeutic Gazette.

The Phthisical Chest.—W. L. Niles, New York (Journal A. M. A., June 12), notices the old teaching that the consumptive chest is flat and says that it remained for Woods Hutchinson to show that, instead of being flat it is abnormally round. Since his first publication on the subject others have confirmed to a more or less, degree, his findings. Niles takes up the subject of the cause of this peculiarity, and shows how an examination of the human chest from fetal to adult life gives us, in the earlier stages of development, a chest considerably deeper than it is broad, i. e., a tendency to the type of the quadrupedal animal. With only two exceptions (whales and bats) all animals below the anthropomorpha have chests that are deeper than they are broad. At birth the chest is practically round in man, and after birth it gradually flattens out until the normal index of seventy is reached at about the eighteenth year. It seems a fair conclusion that the typical tuberculous chest is one that has been arrested in its development at puberty, and Hutchinson seems to think that this has some influence on the prognosis of pulmonary tuberculosis. Niles states his conclusions as follows: "1. The typical tuberculous chest is more nearly round than the normal chest. 2. The increased index precedes development of tubercle infection in the lungs. It is due to an arrest of development at or about puberty and predisposes to pulmonary tuberculosis. 3. Abnormally high-indexed chests in children should be corrected by proper exercises."

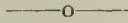
Significance of Peritoneal Adhesions Following Operations.—

Byford, before the American Gynecological Society, said that operations which led to the production of adhesions were either imperfectly or improperly performed. Extensive adhesions following poorly performed operations sometimes caused more suffering than was felt before. He illustrated this by cases from his records which showed serious conditions were sometimes due to post-operative adhesions of limited extent, and might be relieved by their separation. Also that the mere separation of adhesions about diseased organs might lead to a cure of the symptoms, and that when the original cause of the adhesions were removed, the secondary adhesions that followed a properly performed operation were less extensive and less permanent. When post-operative adhesions were intestinal in character, muscular exercise and intestinal activity tended to relieve them without the aid of operation. Omental adhesions caused less immediate trouble, but the omentum had not the power of separation itself as had the small intestines. They acted by interfering with the functions of the organs to which the omentum was attached, and by dragging upon the stomach and colon, causing or perpetrating gastroptosis and dilatation of the stomach. The prevention of these post-operative adhesions was not to be attained by any one procedure or remedial agent, but a properly executed technic.—Medical Standard.

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PELLAGRA.—L. J. Pollock, Dunning, Ill. (Journal A. M. A., October 2), reports the occurrence of pellagra in the Cook County Institution of Dunning, Ill. There were fourteen cases of pellagra; the first was observed in August, 1908, and it was not at once diagnosed as pellagra. The subsequent occurrence of three other cases with the same symptoms, course and fatal outcome, suggested pellagra, but the definite diagnosis was not made until after the inquiry of the South Carolina Board of Health was received asking information regarding the occurrence of the disease. Pollock briefly reviews the history and symptoms and the treatment of the disorder, and gives the following facts regarding the cases under observation: The entire number of cases to date has been fourteen, four males and ten females. All the females and one of the males were inmates of the insane asylum. Two of the other males were in the poorhouse and one in the hospital for tuberculosis. Five of the patients were natives of this country, eight were foreign and of one the nativity is unknown. Of the foreign countries represented Ireland had three and Germany two patients. The others were from England, Bulgaria and Denmark—one each

The symptomatology has been fairly uniform, all presenting the syndrome of stomatitis, dermatitis, and diarrhea, malaise, loss of appetite, etc., but several forms of insanity had been recognized in the diagnosis on admission. Of the foreigners the Bulgarian had only been six months in this country, but the others had ranged from eight to thirty years and had been inmates of the institution for from one to twelve years. Eight cases were fatal. One patient died from paretic convulsions, one from inanition from cancer of the stomach, one probably from pneumonic tuberculosis. Short histories are given of the cases. Nothing is said about the diet; the treatment in the first six fatal cases did not include arsenic. In the later cases arsenic was given hypodermically in the shape of Fowler's solution, omitting the compound tincture of lavender. The course in these later cases has not been so severe and the results are slightly promising. Pollock calls attention to the difference in pellagra in this country and in Italy, as noted by Babcock. The preponderance of cases among females is especially noticeable in this series. The symptoms as described seem generally very typical.



New Operation for the Radical Cure of Femoral Hernia.—Dr. B. B. Cates (Surg., Gyn. and Obst., Oct., 1909) gives a description of a new method which he has successfully employed in one case. The technic is as follows: Make the incision through the skin about one inch below and parallel with Poupart's ligament, commencing at the spine of the os pubis, and extending outward five or six inches. Loosen all the tissues around the neck of the sac, and cut boldly through Poupart's ligament between hemostatic forceps. If any anomalous or enlarged branches of the deep epigastric or obturator arteries are cut, they can be easily tied. By sponging back the cord and other soft tissues, a good view is obtained of all the structures around the sac, and it also enables the surgeon to sew the sac high up in the belly cavity. Open the sac, relieve the constriction, and deal with the contents of the sac according to the exigencies of the case, cut off the sac high up and close it as in an incision in the abdominal wall, with interrupted or continuous catgut sutures. Sew the lower cut end of Poupart's ligament to the fascia lata, with catgut, without restoring its continuity. If the conjoined tendon comes down low enough, it may also be included in the suture. The portion of Poupart's ligament that forms the outer boundary of the external abdominal ring may be ignored, as the suturing the author describes will fill up and obliterate the femoral ring completely. These different

steps of the operation in no wise weaken any of the other natural outlets of the abdomen. Then close the skin with interrupted silkworm gut sutures, put on antiseptic dressing and spica of the groin to retain the dressing and give support to the parts. Keep patient in bed two or three weeks.—International Journal Surgery.

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Arteriosclerosis.—A. G. Brown, Richmond, Va., (Journal A. M. A., January 8), summarizes the treatment of arteriosclerosis substantially as follows: In the early arterial stage, a strict diet, regimen and anti-toxic treatment, consisting in elimination, intestinal disinfection, diaphoresis, and diuresis. When hypertension persists, the nitrites and iodids should be given, the latter in effective doses, and kept up for a given length of time. When the blood-pressure has become lowered, the intoxication relieved, the kidneys act normally, and the symptoms of arterial spasm disappear, the patients may be considered cured, though a careful observance of the prophylactic regimen must still be kept up. In the cardioarterial stage, a permanent cure is not to be expected but much can be done to relieve symptoms and to ward off a grave termination. Relief of symptoms, elimination of intoxicants and stimulation of kidney activity are the chief indications. This is accomplished by catharsis followed by nitrites, spartei sulphate, etc. With the tension lower and the skin, bowels and kidneys active, and diet carefully regulated, the use of nitroglycerin, erythrol tetranitrate, potassium or sodium iodid; thyroid extract, and general medical supervision, the disease may be arrested and the serious accidents forestalled. In the myovalvular and cardiectatic stages, which merge into each other so as to form one continued progress to broken compensation, with dilation of cardiac cavities and frequently orifices, lowered arterial tension, more or less visceral congestion and edema, and dropsy, are to be treated with the digitalis group, theobromin, interdiction of salt intake, restriction of diet to milk, and careful elimination of fluids. In these cases, often appearing hopeless, much can be done to restore the patient to modified activity, and the subject offers a field for the skill of the best powers as physicians.

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If one fails to quiet a frightened, crying child sufficiently to determine the presence of a tender area, necessary to diagnosis, the administration of chloroform to the point of primary anesthesia will make the examination easy and, at this stage of narcosis, pressure on a tender spot will be answered by reflex movements.—American Journal Surgery.

THE JOURNAL

OF THE

Kansas Medical Society.

Vol. X.

KANSAS CITY, KANSAS, FEB., 1910.

No. 2

HYDROCELE-RECENT WORK WITH IT-THE RADICAL OPERATION.

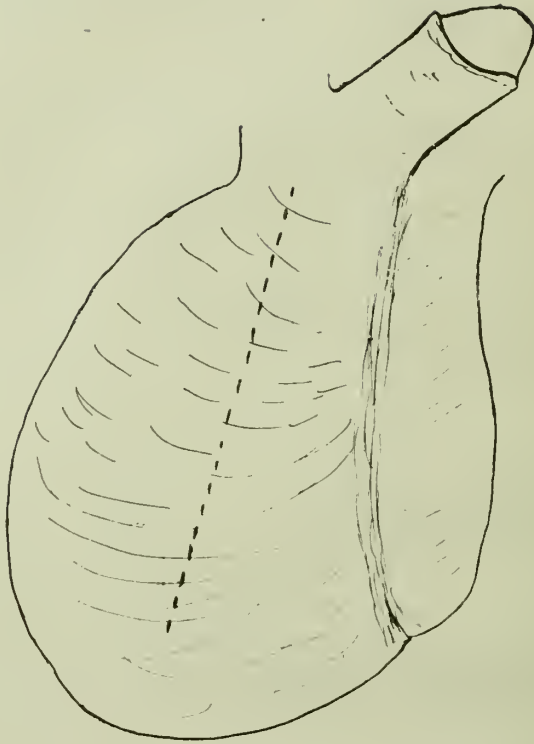
DR. HUGH WILKINSON, Kansas City, Kansas.

Read before Clay County Medical Society January 12, 1910.

Gentlemen: The honor of presenting a paper before this body is certainly appreciated by your essayist. Whether we have anything new to offer you remains to be seen. I hope some of the points presented will appeal to at least a few of you and that my trip to your county will not be entirely in vain.

As to hydrocele itself the disease dates back to the ancients but our knowledge concerning it is rather vague, even in these modern times. There are various types of hydrocele but that which I have in mind is the simple, chronic hydrocele so common and so well known to all of you. Various causes have been advanced for it but they may all be summed up by saying: we don't know. All that we do know is that the fluid accumulates in the vaginal sac of the testicle, stays and increases until some means is adopted to get rid of it. Inflammatory causes do not hold as the cases as we see them usually have no history or signs of inflammation. To be sure inflammation may be a factor in some cases but such cases are in the large minority. As near as we can come to the etiology is: there is some lack of balance between the secretion and absorption of serous fluid which, to say the least, is very indefinite.

Surgeons from ages immemorial have been devising methods for the radical cure of these patients. Probably simple tapping is the commonest and simplest operation but it is not radical except in a few cases and these in infants. It removes the fluid to be sure and gives temporary relief but this is all. The next operation and the one longest and most commonly used in an attempt at radical cure is the evacuation of the fluid through a trocar and the injection through the same instrument of some caustic, usual-



Unilateral Hydrocele. Simple primary incision in scrotum.—“Bottle Operation.”

ly pure carbolic acid or tincture of iodine. This to my mind, is the most severe of all operations and the least satisfactory. I have never yet injected a sac with these fluids and doubt if I ever will. It is painful, more or less dangerous and I am sure it is seldom curative. I have seen numerous hydroceles where this treatment had been applied and have yet to see one cured by it, though I doubt not that cure may occur at times. Repeated injections thicken the tissues and make other operative measures harder to carry out.

Of the more radical measures, we have three besides the one I wish to advance tonight. They all aim at destroying the serous lining of the scrotum and are usually successful if carefully done but are harder to do, cause more or less bruising, swelling, ecchymosis, pain and recumbency of from two to three weeks.

Volkmann's plan is probably the oldest. In this the lining of the sac is stitched to the skin and the vaginal cavity packed

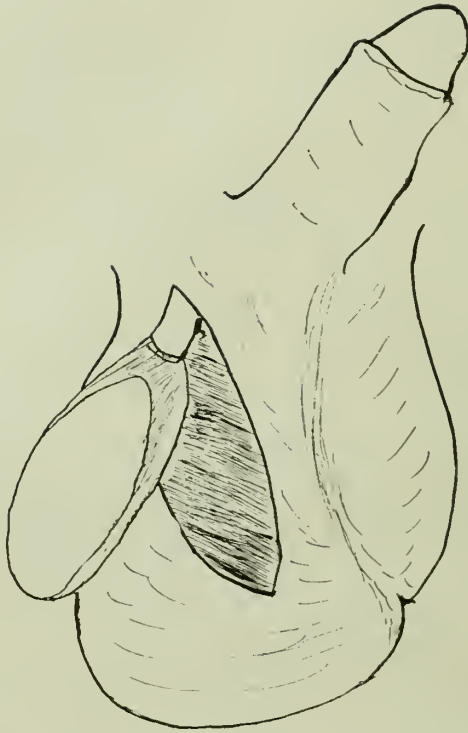


Hydrocele sac lifted out of scrotum. Dotted line at neck shows incision to be made in sack through which testicle is turned.

with gauze. By modern methods this is not so bad as in older days when suppuration was the rule. The next operation advanced was the incision of the sac, the excision of the parietal layer and the closure of the wound. This is curative but hemorrhage is common, also swelling. It takes some time to do it and long recumbency is necessary as is general anæsthesia.

Bordering on the method I will describe later is that of Jaboulay.(Winkelmann.) He lifted the hydrocele sac from the scrotum, intact, incised it full length anteriorly, turned it wrong side out and then sutured it behind the testicle and replaced the organ in the scrotum. This method seemed near to perfect until E. W. Andrews of Chicago described "The Bottle Operation" in "Annals of Surgery" for December 1907.

While our work is largely abdominal and female in nature we have operated by this method for hydrocele six times.(See note). It is astonishing how quick and easy one can do the work and how satisfactory the results are. To be sure six cases makes no large series for study and observation but added to those done by others



Shows testicle ready to replace in scrotum after evacuation of fluid and turning wrong-side-out of vaginal sac.

with like results proves the efficiency of the method. It can be done easily under local anæsthesia by one accustomed to its use. Your patient will be able to call at your office in four days as a rule and be at work in one week. There is scarcely any after pain or reaction and we wonder why some one else didn't think of it long ago. I must confess to one failure but explain at the same time. My failure may help you in some future case. Andrews reports one failure without an explanation. In the case mentioned, besides the main sac there were several smaller sacs about the epididymis, a "multilocular hydrocele." The large sac was treated according to rule and the smaller ones dissected out. Evidently some of the lining remained as fluid reaccumulated and the patient will be operated on again soon. One of my cases was in a 3 months infant, the swelling being noticed soon after birth and the size constantly increasing. While simple tapping may be effectual in infants, as mentioned before, "The Bottle Operation" is so simple

we did it on this child doing a much needed circumcision at the same sitting. The results were perfect and few discomforts during convalescence.

I will now describe the method and illustrate with a few crude drawings of my own modeled after Andrews. After absolute surgical cleanliness and anaesthesia, either general or local, the distended scrotum is incised almost full length anteriorly down to, but not into, the hydrocele sac. Here is the delicate part of the operation, as the thinner the sac can be left without rupturing, the nicer the work. By blunt dissection the whole sac is easily lifted right out of the scrotum with the cord as a pedicle. I can readily see how this part of the operation might be more difficult in old, adherent, thick cases and the method have to be abandoned for other atypical ones. One can now see where the name, "Bottle Operation", originated as the sac with the cord for a neck looks not unlike a bottle. An incision is now made in the sac where it joins the cord and extending exactly to the cord. The hole must be just large enough to push the testicle through. The hydrocele fluid, escapes and the testicle is picked up and pushed through the opening, turning the vaginal sac through after it, or, in other words, "wrong side out." After all these manouvers the tissues have contracted so that we see few wrinkles and the testicle lies anterior to the everted serous sac. The organ is laid back in its nest in the scrotum and the scrotal incision sutured with a subcutaneous catgut stitch, (no. 1, soft.) The line of incision is sealed with collodion, well protected with gauze and held by a suspensory bandage. The after care is almost nil and in my cases they have been out of bed in three or four days and to work in one week. There has been no pain or reaction to mention.

NOTE.—Since writing this paper we have operated upon another multilocular hydrocele with good results after 3 months.

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A REPORT OF ONE HUNDRED CONSECUTIVE ACCOUCHMENTS.

DR. J. C. LARDNER, Chanute, Kansas.

Read before the Southeast Kansas Medical Society October 5, 1909.

To satisfy my own curiosity I decided to make a record of a hundred consecutive cases of accouchment occurring in my practice, and when asked by our committee on program to prepare a paper concluded that it was a good time to make use of the material collected.

Out of the number twenty six were primipara, and of the

children born fifty two were males. The twenty six primipara gave birth to seventeen males and nine females.

Of lacerated perineums one case occurred in the multipara and nine in the primipara. There were three illegitimate children born—all males. These were the first children of their respective mothers—the usual rule, but it is sometimes otherwise as one of my colleagues has a record of three illegitimates born to the same mother. Forceps were used in nineteen cases of which eleven were primipara.

The number of premature births were five. Two of the mothers were primipara. Four gave history of falls or strain from lifting—the usual history of miscarriages. In one of the primipara the placenta was diseased but I made no particular examination to ascertain the exact nature of the pathological condition.

All were born alive and lived from a few minutes to two weeks owing to care and condition at time of birth. The stillborn were four male and one female, but one of the mothers had ever before born children.

The mortality of infants was ten per cent. including stillbirths and premature deliveries. The mothers all made good recoveries; no complications following their confinements.

Had one adherent—the only case ever occurring in my practice. Had to doubt the stories I had been told about them but the words of our old lecturer came back to me. "You may get along without seeing a case for a long time, but if you do any obstetrical work you will be sure to have such an experience some time". I afterwards attended the same mother—the placenta seemed firmly attached but by compressing the fundus and applying traction to cord finally dislodged it. Would not commend my procedure as the contractions had so compressed the placenta that it was impossible to tell by examination of the membranes whether or not they came away intact.

The financial side always appeals to me. I find out of the twenty six first born that the doctor received his money for twenty of them. Of the seventy four remaining pay was forthcoming in sixty two cases, showing a loss of eighteen per cent. I am a reasonably good collector and know that I do not average that per cent. of loss on the balance of my practice. It is my experience that this is one of the poorest paying branches of the profession.

In but ten patients were there anything different from the usual conduct of such cases.

1. Multipara.—Had been in labor twenty-four hours with midwife in attendance. Pains had ceased and not coming on af-

ter two hours sent for doctor. Examination showed normal presentation; head well down and superior strait, and roomy birth canal. Gave patient some assistance, and baby came after but one effort on part of mother. Do not know why the midwife had not done this before as pulling seems to be their long suit, but suppose the cessation of the pains had frightened her.

VIII. Multipara.—Breach presentation, pains intense. Had to administer an anæsthetic before could make an examination—os dilated sufficiently to permit of bringing down feet. Delivery was delayed by chin becoming lodged on sacral promontory which required application of forceps to release. Pulsation in cord had ceased owing to pressure and was unable to resuscitate child.

XIV. Primipara.—Examination showed right shoulder presenting; head in left iliac region; membrane intact and slight dilatation of os. By manual manipulation with one hand within the vagina converted into vertex presentation followed by normal delivery.

XX. Multipara.—Twins—breach presenting with both babies—single placenta—two cords and septum dividing placentae into two chambers.

XXV. Primipara.—Patient had been having pains without any dilation of os for thirty six hours. Gave hypodermic of morphine and waited another eight hours without progress. Decided upon forcible dilation with hand which was accomplished within forty minutes but not without a laceration of the cervix. Applied long forceps after repeated efforts, and had them slip off injuring the skull. Finally accomplished delivery with laceration of both perineum and cervix, a post-partem hemorrhage and a dead baby. Have had cases since that presented similar feature, but have done podalic version and saved, time, work, perineum and baby.

L. Primipara.—Only case of eclampsia of series. Knew nothing of case until called and found patient in convulsions. Delivered woman as soon as possible of dead child. Had one convulsion following delivery but remained unconscious for thirty-six hours. Patient made uneventful recovery.

LXII. Primipara.—Right Occipito—posterior presentation Delivery accomplished without trouble of any kind.

LXXV. Primipara.—Age 15 years.—Membranes had ruptured Sunday noon but was not called until eight p. m., Monday. Examination showed arm presenting. Pelvis quite roomy and body of child so flexed that feet were found and version done with but little effort. Child was dead and examination of body showed

pains had been so forcible, and labor so prolonged that chest was compressed, and presenting arm oedematous. Appearance indicated that baby had been dead for some time. The child was illegitimate and from what could be learned relatives of the mother were responsible for her condition—hence the desire to get along without the services of a physician.

LXXXVII. Primipara.—Dry birth, no trouble, but examination of placenta showed entire absence of amniotic sack. Did not think anything of it at time but could find no record of anything similar so feel that I lost a rare specimen by my carelessness.

XCIX. Primipara.—Vertex presentation, and no progress after several hours of hard labor. Forceps slipped—used pair of my consultant's with same result. Opened skull through the optic foramen with the hooked end of blade of Hodges forceps. The pains together with traction exerted brought down the head to where I could get a firm hold with forceps and succeeded without further trouble in delivering a twelve pound male child. The trouble was all due to the large head. It had become so elongated that it was impossible to secure a firm hold with forceps, and I believe there are no forceps made that will not slip with the same condition existing.

Recapitulation:—Multipara 54, Primipara 26.—Males 52, Females 48.

Lacerated Perineums.—Multipara 1, Primipara 9.

Illegitimates, 3, Prematures, 5. Stillborn, 5.

Post-partem Hemorrhage,—Multipara 1, Primipara 2.

Forceps deliveries.—Primipara 11, Multipara 8.

Not paid for—18—a loss of 18%.

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THE SIGNIFICANCE OF PATHOLOGICAL UTERINE HEMORRHAGE.

DR. J. H. POWERS, Little River, Kansas.

Read by title before the Kansas Medical Society May 8, 1909.

The consideration of this single symptom of Pathological Uterine Hemorrhage, I believe to be of considerable importance for the following reasons: uterine hemorrhage is quite often the sole or first symptom of a grave pathological condition, as for example, placenta prævia, uterine carcinoma, and possibly an extra uterine pregnancy.

The object of this paper is to call attention to this symptom, that when it is present the importance of ascertaining its significance be realized.

We may define pathological uterine hemorrhage by excluding that hemorrhage occurring periodically during the child bearing period—menstruation, and a limited amount of hemorrhage following child birth. All other hemorrhage should be classed as pathological and their causes determined.

Because the mechanism and underlying causes of menstruation are not thoroughly understood, and because there can be no fixed law as to quantity, duration, or interval of flow, it is not always a simple matter to determine whether a uterine hemorrhage is a normal menstruation or depends on pathology either of the uterus or its appendages or in some remote part of the body.

A patient may have an apparently normal menstruation which by its continuance passes to the pathological class but just when the hemorrhage ceases to be normal and becomes abnormal may not be determinable.

I recently observed a patient who gave history of menstruating about every three months, the periods a week to ten days in duration and flow excessive. Failing to find any pathology in this case I believe it to be normal for this patient; through occurring in a patient with a different menstrual history would certainly not be so.

Pathological uterine hemorrhages may be dependent on systemic causes, new growths, injuries, inflammatory changes, conditions associated with pregnancy or labor, or diseases in distant organs as renal or hepatic disease.

The systemic causes according to authority are purpura, anæmia, other than chlorosis, plethora, chronic nephritis, debility from any cause, violent emotion, and infectious diseases.

This class of causes of uterine hemorrhages are usually easily recognized by symptoms preceding the hemorrhage.

Tumors constitute a very important cause of uterine hemorrhage. Hemorrhages caused by tumors may occur either as anomalies of menstruation, as menorrhagia or metrorrhagia, or may be independent of the menstrual function.

The most common tumors of the uterus producing hemorrhages at comparatively early age are polypi, and the fibra myomata; especially the interstitial and submucous varieties. Later, about the menopause hemorrhage suggests the possibility of malignant tumor being present. The hemorrhage here may be and very often is the first danger signal of carcinoma of the uterus, and too often this signal is misinterpreted. The laity often, and doctors sometimes, accepting these hemorrhages as a matter of course and of not enough importance to justify as simple a thing as a

physical examination until other symptoms appear which reveal the true nature of the affection and also the fact that it is too late to do anything.

Tumors causing uterine hemorrhages are not necessarily situated in the uterus as a tumor anywhere which by involvement of tissue or pressure interferes with the return flow of blood from the uterus causes a congestion which is likely to result in hemorrhage. Any abdominal tumor may do this, a tumor of an ovary one author says fecal tumors often do so. As a result of inflammation uterine hemorrhage is not the most important symptom though often present. Affecting the endometrium, a class of endometritis may result designated as hemorrhagic involving the peri uterine structures by infiltration interfering with return flow of blood, a hemorrhage from the endometrium results.

During pregnancy hemorrhage usually means a partial separation of the ovum or placenta from the uterine wall. The separation in turn may be caused by a pathological condition of placenta or endometrium or a mal-position of placenta. The farther the placenta is removed from its normal site the more danger of premature separation resulting in hemorrhage.

A pregnancy located outside of the uterus is very apt to cause hemorrhage from the uterus.

Hemorrhage occurring sometimes after symptoms of pregnancy may signify threatened, complete, or incomplete abortion. Great care may be necessary here to arrive at a correct diagnosis as the following case will illustrate:

Mrs. A. mother of one child 9 years old, had all the classical symptoms pregnancy. After about 3 months, uterine hemorrhage occurred with intermittent pains etc. Patient continued to flow for several days passing many clots. The physician in charge of the case diagnosed incomplete abortion and I gave anesthetic while he curetted the uterus. The debris which he removed appeared very similar to what it usually found after incomplete abortion. Contrary to expectation this procedure did not relieve the patient but seemed to aggravate the symptoms, to which were soon added chills and remittent fever. About ten days after curettement examination per vagina revealed a tender spherical shaped tumor in region of right tube and ovary. Puerperal pyosalpinx was diagnosed and drainage advised. At operation via vagina an infected extra uterine pregnancy was found and removed; drainage instituted and patient made a tedious recovery.

The first symptom of trouble in this case was hemorrhage which with the history should have strongly suggested the **correct diagnosis**.

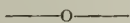
As pregnancy nears its termination there may be irregular seemingly causeless uterine hemorrhages. This in itself should call for careful examinations to determine if the placenta be præ-via.

A pathological hemorrhage sometimes occurs post partum. Here again there is not well marked dividing line between the normal and pathological, though ordinarily this question does not give much trouble.

Post partum hemorrhage may be due to one of several causes. Profound or prolonged anæsthesia is often responsible. Morphine in any combination in doses to relieve pain tends to uterine inertia I believe, though there may be inertia due to other causes. A diseased or misplaced placenta or a paralysis of placental site are also given as causes. During the puerperium there is often either too much flow or the lochial discharge continues too long. This is pathological and its significance should be investigated. It may be that there remains in the uterus adhesive shreds of foetal membrane or retained blood clots or clots may be displaced from uterine sinuses. There may be a uterine displacement, or a tumor may be present most likely fibroid or polypoid.

A laceration of the cervix may be the cause of additional hemorrhage during the puerperium, and may, indirectly, by causing an endocervicitis, or even an endometritis be the cause of menorrhagia or metrorrhagia in after months and years.

In conclusion I should like to emphasize the fact that although uterine hemorrhage is only a symptom usually associated with others, it may be the only symptom at least early, of several grave conditions and when it occurs (and can be determined to be pathological) every effort should be made to determine the pathology behind it, the understanding of which will suggest the remedy for its relief.



Do not prescribe aphrodisiacs no matter in what dulcet tones they are praised. They are either useless, in a therapeutic point of view, or they act as irritants, bringing on most baleful effects. The fluid extract of damaiana will not act unless prescribed in very large doses. When this is done one or two baneful effects are noted. There is at first a diuresis and inability to retain the urine. If the remedy is continued strangury sets in and a consequent inflammation of the bladder is set up. The better method to pursue is to have nothing to do with such therapeutic measures. Even the much lauded and old agent, damiana, fails especially at the psychological moment.—American Journal Dermatology.

THE JOURNAL OF THE Kansas Medical Society.

JAMES W. MAY, - - - - **EDITOR.**

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

Subscription Rates: \$2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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EDITORIAL

The annual dues for the State Society are due and payable now. Send your check to your County-Secretary who will in turn remit to the Secretary of the State Society.

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Every County and District Society throughout the State should have a reporter whose duty it should be to gather all the medical news in the county or district for publication in the State Journal.

It cannot help but work to the advantage of all concerned for it will awaken interest and enliven the proceedings. It always does one good to know that others take an interest in him and serves to spur him on. The Shawnee County Medical Society is the first to take the lead and it is to be hoped that every other Society will follow the example.

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To wrest from nature the secrets which have perplexed the philosophers of all ages, to track to their sources the cause of disease, to correlate the vast stores of knowledge, that they may be quickly available for the prevention and cure of disease—these are our ambitions. To carefully observe the phenomena of life in all its phases, normal and perverted, to make perfect that most difficult of all arts, the art of observation, to call to aid the science

of experimentation, to cultivate the reasoning faculty, so as to be able to know the true from the false—these are our methods. To prevent disease, to relieve suffering and to heal the sick—this is our work.—Osler.

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The time is fast drawing near for the annual meeting of the State Society which will be held in Topeka, May 3, 4 and 5 under the presidency of Dr. O. J. Furst of Peabody. This meeting should be the greatest one in the history of the society, not only in attendance but also the scientific program.

It is to be hoped that every essayist who is down for a paper will let only sickness prevent his attendance. There have been meetings in the past when a majority of those on the program failed to respond but that time has passed and a new era of prosperity for our society has been born which sustains the enthusiasm and keeps up the interest. The Topeka physicians are making great preparations and you will not do yourself patients or the society justice, if you fail to come.

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Will you help the editor to make the Journal, a readable one? In the first place the columns are open to medical articles, many of which of great value read before the county and district societies never get beyond the secretary's hands. Again notices of Society meetings and proceedings are jealously guarded lest the Journal publish a notice of them. Again medical news notes could be gathered in the state each month to fill a dozen pages yet it takes the hardest kind of work to gather sufficient for a page or two and at that many are taken from the A. M. A., Journal. Lets awaken from this lethargy and have a scientific and newsy Journal that will reflect the credit that is due the State society singly and collectively. This Journal is certainly not above criticism and we will appreciate criticisms and try and profit by them.

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EDITORIAL COMMENT.

The Value of the Ophthalmo-Reaction to Tuberculin.—When it was shown by Wolff-Eisner that instillation of tuberculin on the healthy conjunctiva causes a reaction if there is a tuberculous focus in the body, it was thought by many that the ophthalmo-tuberculin test would revolutionize our methods of diagnosis of incipient tuberculous lesions. As usual, time and accumulated experience have caused us to modify our views somewhat, and to-day we are confronted with the established fact that the ophthalmo-tuberculin reaction is of doubtful utility if not acutally dangerous. Its cli-

nical value, as compared with other local reactions, cannot be considered as absolutely reliable, and its employment requires certain conditions. The reaction may be demonstrated in all forms of tuberculosis, unless the patient be moribund or nearly so, and a large proportion of persons who have recovered from tuberculosis, in a clinical sense, will react positively.

In the clinically incipient and suspected cases the test is often positive and assists in making a diagnosis. But, on the other hand, a goodly percentage of supposedly healthy subjects, and patients with non-tuberculous diseases, will react positively to the test. This may be due to idiosyncrasy, and only a large number of post-mortem observations will settle the question.

It has been asserted that a positive reaction speaks with very great probability for tuberculosis, and yet some observers report that a large percentage of patients affected with severe phthisis do not react. Therefore, a negative reaction does not indicate that the patient has tuberculosis.

The degree of reaction varies. Some perfectly healthy eyes may give the very severest kind of reaction, and the reaction is usually severe in a diseased eye, so it is quite possible to draw wrong conclusions from the intensity of the reaction.

Numerous reports of damages to the eye following the instillation of tuberculin, not only to diseased eyes, but to perfectly healthy eyes, clearly demonstrate the dangers of the ophthalmoreaction. A large number of authors have reported serious complications, in previously healthy eyes, as a result of the tuberculin instillations. The instillation into diseased eyes is strictly avoided by ophthalmologists, on account of the frequent serious consequences, and because nothing is gained by it for the diagnosis of the ocular disease. The instillation into the healthy eye does not give any clue as to a diseased eye because a reaction may be elicited by any tuberculous focus in the body.

In general, therefore, the ophthalmo-tuberculin reaction is of doubtful value in a large per cent. of cases, and its use is frequently attended by serious results as to warrant a general condemnation of the test. If the subcutaneous test, the most reliable of all, is not desirable, then the cutaneous method of von Pirquet may be tried. This latter test is counted by most clinicians who have had extended experience with the various tuberculin tests, just as reliable as the ophthalmo-tuberculin reaction, equally as delicate, and attended with no danger. A negative reaction to von Pirquet's test, especially if repeated a second time, with pure tuberculin, is said by numerous observers to occur only in

people perfectly free from tuberculosis. The positive reaction, even if only slight or belated, or at the second test, indicates a tuberculous focus in the body, which, however, need not be active or progressive. On account of its sensitiveness, the cutaneous test apparently indicates every, even the most harmless, focus of tuberculosis, and therefore is not sufficient for the diagnosis of active tuberculosis. It is not, however, attended with any danger, and being equally as reliable is to be preferred to the ophthalmotuberculin reaction if the subcutaneous test is not to be employed.—Editorial Journal Indiana State Medical Association.

This simply bears out the experience of a large number of investigators and it means that the ophthalmotuberculin reaction will soon be a thing of the past.

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The Plea of Insanity.—One need not discuss the question of how far, if at all, insanity in a person who commits a criminal act does away with that person's responsibility before agreeing to the findings of a special committee of the New York State Bar Association on the commitment and discharge of the criminal insane. The gentlemen of the committee ask if the time has not come for relegating to the realm of the obsolete the assumption that an insane man cannot commit crime. "In other words," ask, "ought we not to abolish the defense of insanity and leave as the one issue to the petit jury, Did the accused do the forbidden deed? If he did not, he is innocent; if he did, he is guilty, and with the state of his mind at that time the jury has nothing to do."

There is nothing in the foregoing, it seems to us, which is really inconsistent, from the point of view of the public welfare, with the following, which the committee also put forward: "No one will contend that the insane murderer should forfeit his life. The question we put it, Why should he not forfeit his liberty? Why should he be acquitted on the ground of his insanity and then be allowed to go at large on the ground of his sanity? He has proved himself to be a dangerous man." The picture here held up of a man's acquittal on the ground of insanity, and, after incarceration, his subsequent enlargement on the score of an alleged restoration of sanity, reflects of course what has happened and what may yet happen in the disgusting Thaw case.

"To the shame of the medical profession be it spoken, say the" gentlemen of the committee, "the expert who at one time swears him (Thaw) out of jail on an opinion of insanity attempts at another time to swear him out of the asylum by an opinion of sanity." Of course this is too sweeping an arraignment of the medical pro-

fession, but it cannot be denied that it is the fruit of much provocation. But the bench does not escape the committee's reproof. "Among the numerous judges of the Supreme Court of this State," they say, "the chances are that there is at least one whose head is not able to control his heart, and the only problem in this murderer's quest of freedom is to discover who that particular judge is." Whatever may be the final outcome of the Thaw case, it is to be hoped that it may be found to have played a part in leading to an abandonment of our present farcical procedures in connection with the defense of insanity in criminal cases. If, however, the jury is to deal solely with the question or whether or not the accused committed the forbidden act, some way, it would seem, must still be advised for determining the degree of his responsibility if he is found to have committed it. Editorial in N. Y. Medical Journal.

That the present system of expert medical testimony is wrong there can be no doubt. It would seem that the best way to overcome this difficulty would be for the trial judge to appoint a commission of three or five qualified physicians to examine and observe the defendant and the testimony of this commission, and none other, be accepted as evidence. Perhaps then the spectacle of medical experts testifying diametrically opposite to each other would be eliminated. True there is always room for an honest difference of opinion, but certainly, not to the extent that has occurred in the past. Again, there is certainly no ground for releasing a person from confinement who has committed a crime, even, though he was insane at the time of its committal. The only difference should be in the form in which such confinement is practiced. The insanity plea has certainly been worked over-time and it is about time that something should be done to overcome the evil.

NEWS NOTES

Dr. Walton J. Mitchell of Wichita has been re-elected physician of Sedgwick County.

Dr. Geo. M. Gray of Kansas City, Kansas was recently elected president of The Kansas City, Mo., Academy of Medicine.

Medical Board Wins Case.—In the case of D. J. Smith, Athol, Kansas who was prosecuted by the State Board of Medical Registration and Examination on the charge of practicing medicine without a license, the defendant is said to have entered a plea of guilty

and promised to cease practice, whereupon the minimum fine of \$50 and costs was imposed.

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The following committee has been appointed by the Shawnee County Society to prepare for the State meeting next May.: Dr. W. E. McVey, Chairman; S. A. Johnson, E. S. Pettyjohn, J. N. Beasley, C. A. McGuire, W. S. Lindsay and D. E. Esterly.

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When infants, under one year old, exhibit hematuria without a traumatic or similar cause, the symptom is a pretty fair indication of scorbutus. It is such a good indication that it may be the only one of the general condition that is present and all possible diligence should be used to confirm it and treat it in a manner that is both proper and efficient.—American Journal Dermatology.

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“The Food Laws and the State” was the subject of an address by Professor H. L. Jackson of the University of Kansas at the January meeting of the Kansas City section of the American Chemical society, held recently in the new Y. M. C. A. building in Kansas City, Mo. Several papers were read giving the point of view of the government and of the jobbers. Professors Bailey, Sayre and Willard of the University and Dr. Crumbine of the State Board of Health took part in the discussion.

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A New Medical Society.—The faculty and students of the School of Medicine at the University of Kansas have formed a medical society. Meetings will be held several times during the year. It is the purpose of the society to hear papers and to have discussions on subjects connected with the practice of medicine, but broader than those treated in the ordinary class-room discussion. The lives of great physicians and surgeons will be studied, questions relating to the ethical side of the practice, discussed, and recent developments in the medical sciences brought to the attention of the members.

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The Humanity of Animal Experimentation.—Millions of animals, birds, and fishes are tortured and slain every year to provide food, clothing and mere sport for mankind, and the zoophilists say nothing; but when a few hundred or a thousand animals are sacrificed for the sake of knowledge that will save the lives of countless children and avert destructive epidemics, a cry of pain goes up, and the lawmakers are prayed to arrest the progress of medical science. They will not do it, of course they cannot do it, for the

great mass of humanity is sane, but the periodical agitation against animal experimentation is none the less distressing to the lovers of their kind.—New York Medical Journal.

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New Queen of Belgium a Physician.—The wife of the new king of Belgium, is the daughter of the late Duke Karl Theodore of Bavaria, whose death we recorded Dec. 11. She always took great interest in her father's scientific work and used to assist him in his eye clinic and hospital. She early announced her intention to study medicine, but it met with strenuous opposition on the part of all her relatives with the exception of her father. Under his encouragement she began to study medicine with him at the age of 16 and completed her course, obtaining her medical degree at Leipsic, not long before her marriage. She continued her medical studies in Brussels, and founded there the Albert-Elizabeth tuberculosis dispensary, which has been doing excellent service in prevention and cure of tuberculosis among the poor. Until her recent accession to the throne she was a daily visitor and took an active part in its work.—Journal A. M. A.

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Mrs. Mary Baker G. Eddy, founder and head of the Christian Science Church, in a letter published in the Christian Science Sentinel, advises practitioners of the faith to charge only as much as would be asked by reputable physicians. The letter is called forth as result of a doubt in the minds of many Christian Science practitioners as to a proper charge for treatment. Mrs. Eddy definitely and authoritatively fixes such charges for treatment in the following copy of letter:

Brookline, Mass., Dec. 24, 1909.

"Dear Mr. McLellan:—Christian Science practitioners should make their charges for treatment equal to those of reputable physicians in their respective localities.

MARY BAKER EDDY."

—Journal Indiana State Medical Association.

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SOCIETY NOTES.

The Medical Society of the Missouri Valley will hold its next meeting at Omaha, March 17, and 18, under the presidency of Dr. A. B. Somers.

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The Wyandotte County Medical Society held its Annual banquet at the Grund Hotel, Kansas City, Kans, January 18. The program consisted of a symposium entitled "Medicine as She Is."

Dr. W. F. Fairbanks responded to "The Doctor," Joseph Taggart, "The Lawyer", Rev. Frank M. Beardsley, "The Minister," Frank G. Brainerd, "The Patient," E. R. Adams, "The Undertaker," Dr. C. C. Goddard, "Post-Mortem."

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Cowley County Medical Society held its annual meeting at Arkansas City and elected Dr. Otis B. Wyant, Winfield, president Dr. Charles Dunning, Arkansas City, vice-president, and Dr. Francis M. Wilmer, Winfield, treasurer.

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The Republic County Medical Society met at Belleville January 6, 1910. After a short program the following officers were elected for the ensuing year: President, Dr. C. V. Haggman of Scandia; Vice-President, Dr. J. A. Kolout of Cuba; Secretary-treasurer, Dr. J. C. Decker of Belleville.

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At the annual meeting of the Riley County Medical Society held in Manhattan, the following officers were elected: Dr. James D. Colt, president; Dr. J. Carroll, Montgomery, vice-president; Dr. B. Belle Little, secretary; Dr. E. J. Moffit, treasurer; Drs. Chas. F. Little and Lewis J. Lyman delegates to the state society, all of Manhattan.

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Cherokee County Medical Society, at its annual meeting, held in Galena, elected Dr. Harry H. Brookhart, Scammon, president; Dr. Lee, Baxter Springs, vice-president; Dr. Claude R. Loudermilk, Galena, secretary, and Dr. Charles T. Reid, Carona, censor.

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The Tri-County Medical Society consisting of the North-west Kansas and Decatur and Norton County societies held a meeting at Colby, January 18. Following is the program: "Pneumonia in Children," W. J. Lewis, Colby; "Acute Anterior Poliomyelitis" W. C. Lathrop, Norton; Paper, H. O. Hardesty, Jennings; "The Pollution of Underground Waters" S. J. Crumbine, Topeka; "Embolism of Superior Mesenteric Artery," F. A. Carmichael, Goodland; Paper, C. W. Cole, Norton.

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The Labette County Medical Society met January 26 in the parlor of the Matthewson Hotel, Parsons.

Among the routine business of the evening was the discussion of the arrangements for the "State Tuberculosis Exhibit" which will be in Parsons February 8 and 9, and at Oswego, February 22 and 23.

The society voted to defray the expense of these meetings. An effort will be made to make these meeting of popular interest and of practical value to the people of this county.

After the business session the following program was given: "Injuries of the Chest," Dr Geo. Liggett of Oswego, "Empyema," Dr. J. A. Vaughn of Mound Valley.. Quiz.—"Surgical Diseases of the Thorax," Dr. Albert Smith of Parsons.

The society then adjourned.

O. S. HUBBARD, Secretary

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Douglas County Medical Society held its annual election on Jan. 11, officers elected are: President, M. T. Sudler; Vice President, G. W. Jones; Treasurer, E. Smith; Secretary, H. L. Chambers, all of Lawrence. Preparation is being made for an open meeting soon. At this meeting it is hoped to promote a better understanding between the public and the profession.

H. L. CHAMBERS, Secretary.

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Jan. 11, 1910.

Editor of the Kansas Medical Society Journal, Kansas City, Kansas.

DEAR SIR:

The Sixth annual social session of the Bourbon county Medical Society was held in the Goodlander Hotel Monday Evening, Dec. 20th, 1909. It marked the close of the best year in the history of the Society—a larger membership, larger attendance, a more active interest in the work of the Society, and a general spirit of fellowship and good feeling characterized the years work, and has made the Society a real factor in the routine of our daily lives.

As a rule, the members were glad to attend the meetings, and loath to leave, the sessions generally lasted till 11 o'clock, and often till 12 with interest unabated. The closing session was a fitting climax to the year's work, and brought together the largest number ever assembled under the auspices of our county's Society.

After enjoying the hospitality of our host, Pete Baker, and testing the quality of his excellent menu, we listened with delight to an address by Dr. Frank J. Hall, of Kansas City, Missouri, on the laboratory-clinical diagnosis of continued fevers. Dr. Chas. S. Huffman of Columbus, Kansas, who always finds a warm welcome around our festive board was the next speaker, and with his usual enthusiasm spoke on the subject of Medical Organization; Dr. N. B. Caffey, of Pittsburg, Kansas followed with an interesting dissertation on the New Profession, and emphasized many of the points suggested by Dr. Huffman.

Dr. E. B. Payne, of Fort Scott, who was the last speaker on the program talked eloquently on the subject, "The Medical Profession," and of our duty and obligation to each other, and of the need of a still closer fellowship in our ranks. Then followed short remarks from all the members present, and a jolly good time was enjoyed till the wee small hours.

Election of officers then was held, and the following gentlemen were chosen for the ensuing year: President, Dr. C. A. Van Velzer, of Fort Scott; Vice President, J. S. Cummings, of Bronson; Secretary, Dr. J. D. Hunter, of Fort Scott; Treasurer, Dr. C. F. Harrar, of Fort Scott; Censor for three years, Dr. W. S. Miller, of Fort Scott. The above names promises well for our work the coming year and we will take up the new program with renewed interest and enthusiasm.

The following paragraph is added under Dr. Jarrett's protestations, but we think the compliment and suggestion is due him, and we with pleasure declare him our candidate as President for the next term of the Kansas State Medical Society. No man has been more true to the interests of the Society at home and abroad, and it needed but a word at this meeting from his old-time friend, Dr. Huffman, to place his name as our candidate and to bring every man to his feet in his support. He is thoroughly qualified for the position, and worthy of the highest honor that his brethren in the state can pay him, and we feel confident that his name will be favorably considered at our next state meeting.

In reference to the selection of officers for the society, I believe most any man will answer for President, but it takes a live wire for Secretary. So much depends on his interest and energy that he can almost make or break a society. Our retiring officer Dr. Hopper, made an ideal secretary, and I believe much of the success attending our meetings was due to his hard work. His successor Dr. Hunter, is no less competent and efficient, and with the name and instincts of his great ancestor, the famous Dr. Hunter, he will keep things humming so long as he wields the society's pen.

In the choice of our new president, a high compliment was paid to Dr. Van Velzer, for, in our society of 33 members, with only three or four homeopaths, he, a homeopath, was unanimously elected to the office. With the education of a homeopath, and with the proclivities and propensities of a homeopath, he also has a wide allopathic experience, which makes him a good mixer and an excellent practitioner—in all—one of the best equipped men in Southeastern Kansas.

So, Mr. Editor, expect to hear something good from Bourbon County during the coming year.

yours truly,

W. S. McDONALD.
Committee on Publication.

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Program Clay County Medical Society Feb. 9, "The Emanuel Movement from a Medical Standpoint," Dr. Jno. Punton, Kansas City, Mo.; Report of Some Unusual Experience," Dr. P. D. Hughes, Kansas City, Kans; "The Early Diagnosis of Tuberculosis by means of the Ophthalmic reaction", Dr. A. W. McAlester, Kansas City, Mo.

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State Board of Health Notes.

S. J. CRUMBINE, M. D. Secretary, Topeka, Kansas.

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No tubercle bacillus—No consumption.

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Tuberculosis is essentially a house disease.

—————

5% of school children have defective hearing.

—————

Three-fourths of the school-houses are constructed with entire disregard to sanitation.

—————

The vacuum-cleaner process for the home is a great step forward in house sanitation.

—————

Ophthalmia neonatorum is the direct cause of total blindness in 28% of the inmates of the schools for the blind.

—————

Frequent headache is not always due to eye-strain; it may be due to imperfect or lack of ventilation in the home.

—————

Plenty of pure water inside and outside, with God's pure fresh air all the time, is worth more than a barrel of pills and a bale of of plasters.

—————

Adenoids may result in arched palate, deformed teeth, short upper lip, defective hearing, mouth-breathing, lowered bodily resistance, stunted growth and development, and a fertile field to propagate the bacilli of diphtheria and tuberculosis.

Correspondence relating to the practice of Medicine should not be addressed to this department. We have nothing to do with the Medical practice law.

The purpose of the public and private schools should be more than teaching the 3 R's; they should make useful and healthy citizens as well as educated ones.

The State in making attendance on school compulsory, necessarily assumes the responsibility of the physical well-being of the child while attending school.

Every pedigreed animal in the state is carefully registered at an expense of from 50c. to \$3.00, each, yet the registration of the birth of a babe, a future citizen of the republic, is considered too expensive at 25 c.

The quarantine law provides that the attending physician placard the house, and institute the quarantine in cases of diseases dangerous to the public health, and then immediately notify the local health officer. It is not the business of this Health Officer to institute quarantine, but it is his duty to see that the quarantine law is enforced.

\$20,000 was appropriated by the last legislature to fight San Jose scale affecting the orchards in about half dozen Counties in the State, by the greatest effort, and after it was once defeated, \$10,000 was appropriated for two years to fight tuberculosis, affecting all the folks in all the Counties of the State, of whom 1500 die annually.

Moral:—Better be a Ben Davis apple!

The Division of Foods and Drugs of the State Board of Health inaugurated a new policy concerning the issuing of Guaranty Serial Numbers to certain classes of Patent Medicine Manufacturers. The following letters received and replies thereto are submitted for the information of the Medical Profession; for the reason that, should our attitude in the matter be contested in the courts, we desire the support and encouragement of the entire profession.

January 18th, 1910.

“Dr. S. J. Crumbine,

Dear Sir,—

I manufacture or make a Ierating Steengning Plaster

for Weak Backs or Lung Trouble It is made of Balsam of Fir
Camfor Gum Pee Gundy Pitch Tar Miture. how much Will
it Cost me for a Serial Nombur under the Pure Food law and Will
i hafto have a lisencc to Sell it Yours Truly
Please let me know Soon”

ANSWER—

January 19th, 1910.

“Dear Sir,—

I have your communciation of the 18th and replying
will say that this department cannot issue you a serial number
for the patent medicine which you contemplate making. We
believe that only educated men in pharmacy or in medicine should
attempt to prepare medicine or prescribe the same for sick people,
and judging from your letter you know absolutely nothing about
drugs or their therapeutic action; and as I understand it, one of
of the purposes of the drug law is to protect the consumer; not only
from fraudulent adulteration, but from those who attempt to pre-
scribe for the sick public, who know nothing whatever of the drugs
which they attempt to prescribe, and even less of the nature of
the malady for which they are recommended.

Very truly yours,

S. J. CRUMBINE, M. D.
Secretary.”

January 21, 1910.

“Mr. S. J. Crumbine, M. D.

Dear Sir

Some time ago I wrote you about my preparation I note you ob-
ject to the name I wanted to give it.

I want to confine my sales to Dealers only.

So if aprovable please give me a serial number guaranty this is a
harmless Remedy and a good one.

Respfly yours”

Label

“For uterine antiseptic and tonic. For the relief of leucorrhœa
and whites, fetal or any unnatural discharging, ascending from
diseased or unhealthy uterus, and will assist nature in making
monthly periods more regular.

DIRECTIONS—Insert one of the capsules to the vaginal cav-
ity and it will dissolve in ten minutes. Use one night and morning
lying in a reclining position. Use hot water injections in the morn-
ing after getting up.

CAUTION.—This remedy should never be used before or after

cohabitation, as it will positively prevent conception.

Price \$1.00 per box.

Six boxes \$5.00."

ANSWER—

January 24, 1910.

"Dear Sir.—

Replying to your communication of the 21st, will say that this Department refuses to issue you a guaranty Serial number for a preparation such as you propose to put on the market.

Very truly yours,

S. J. CRUMBINE, M. D.

Secretary.

The following drug analysis is of interest to every physician in the state.

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DRUG ANALYSIS No. XXV.

Reprint from Bulletin State Board of Health.

—o—

By L. E. Sayre, Director; L. D. Havenhill, Chief; G. N. Watson,
Analyst; C. M. Sterling, Microscopist.

The drug products which have been received from the inspectors during the past month have consisted of iodines, camphors, gentian tinctures and miscellaneous unofficial and official preparations.

Continuing his work on preparations containing ferments, Mr. James T. Bowles* of our department has examined, in addition to the preparations formerly reported, "Essence of Pepsin," "Elixir of Pepsin," "Elixir of Digestive Compound," "Elixir of Pepsin and Pancreatin Compound," "Pure Scale Pepsin" and "Lactated Pepsin Powder."

As in the former investigations, reported in the November Bulletin, page 276, standard N. F. preparations were made of each liquid preparation represented. The peptic power of these standard liquids, when freshly made according to the National Formulary, is represented by A, B, C, D, E, and F. (G represents the digestive power of 0.2 per cent hydrochloric acid). For example, an amount of an elixir (B) or essence of pepsin (A) was taken which would represent 0.003 grams of pepsin, for the purpose of the tests. After two and one-half hours digestion (standing and in a narrow graduated cylinder) an amount of undigested albumin corresponding to 1 cc. remained. This implies, of course, that

*Mr. Bowles discontinues his work at the University of Kansas, having been appointed as drug analyst with Meek & Co., New York City.

Lab. No.	NAME	Acidity.	Color.	Amount of undigested albumin remaining.
2920	Essence of Pepsin.....	Higher than U. S. P.	Light reddish yellow....	14.0 cc.
3695	Elixir Pepsin and Pancreatin Compound.....	Higher than U. S. P.	Caramel and ppt.....	30.0 cc.
3724	Elixir of Pepsin.....	Higher than U. S. P.	Caramel, some ppt.....	29.0 cc.
3706	Peter's Essence of Pepsin.....	Higher than U. S. P.	Light caramel.....	32.0 cc.
3707	Elixir Digestive Compound.....	Higher than U. S. P.	Caramel, some ppt.....	23.0 cc.
3747	Pure Scale Pepsin.....	.....	Brown, semisolid mass	0.5 cc.
3702	Lactated Pepsin.....	.....	Light brown powder.....	2.0 cc.
3537	Lactated Pepsin.....	.....	Dark brown powder.....	2.0 cc.
(A)	Elixir of Pepsin (N. F.).....	0.2 per cent.....	Light yellow.....	1.0 cc.
(B)	Essence of Pepsin (N. F.).....	0.2 per cent.....	Caramel.....	1.0 cc.
(C)	Elixir Digestive Compound* (N. F.).....	0.2 per cent.....	Dark red.....	1.5 cc.
(D)	Elixir of Pepsin and Bismuth, * (N. F.).....	0.2 per cent.....	Light yellow.....	1.5 cc.
(E)	Elixir of Pepsin, Bismuth and Strychnine (N. F.).....	0.2 per cent.....	Light yellow.....	1.5 cc.
(F)	Pepsin Scales (N. F.).....	0.2 per cent.....	Brown.....	1.0 cc.
(G)	Standard Lactated Pepsin*.....	0.2 per cent.....	Light.....	1.0 cc.
(H)	Dilute (HCl 0.2%).....	0.2 per cent.....	.....	28.0 cc.

*Corresponding to Elixir Pepsin and Pancreatin Compound.

*If in making this preparation the glycerite of bismuth be diluted with water according to the formula (125 cc. of the former to 200 cc. of the latter), there is a slight precipitation of bismuth. If to the water a very small quantity of tartaric acid be added, this precipitation is not only avoided but the activity of the pepsin is less affected, as will be seen from the accompanying table (D and E), as compared with A and B of the last report of similar preparations. The amount of undigested albumin there reported for A was 3.5 cc.; for B, 5.5 cc.

*Saccharated Pepsin, N. F.

when an official elixir of pepsin was tested on the basis of the official test (see U. S. P., page 335) the amount of undigested albumin would measure not more than 1 cc. What has been said in reference to elixir of pepsin (A) applies also to the preparations corresponding to B, C, D and E. That is, the same method of standardization was followed. The table on next page shows results.

It seems to be evident that there are those among pharmacists who are not aware of the susceptibility to deterioration of preparations containing the digestive ferments. Some of these preparations are shorter lived than others, and it is our impression that pepsin in combination with bismuth has a comparatively short period of peptic activity. We have had some correspondence with manufacturers and dealers on this point, and it may not be out of place to refer to statements made by them. In some communications concerning these products, the statement is made that there is an evident carelessness among druggists in keeping for an undue length of time such preparations as these—preparations susceptible to deterioration. One manufacturer makes the statements that there are druggists in the United States who not only keep in stock products which have deteriorated, but which have been made according to a previous and obsolete Pharmacopœia. They complain that druggists do not seem to be sufficiently alert in conforming to the Pharmacopœia in the scrutiny of their

stock and eliminating preparations which antedate the present Pharmacopœia. This manufacturer says that "we have purchased within a recent period specimens of pepsin which no longer conform to the present official requirements for pepsin." This he claims to be due to the fact that it was purchased before the eighth revision of the United States Pharmacopœia. He further adds: "Since organic products are the most important of materia medica and are now recognized to be of the most importance in the progress of medicine, surely it would be of great advantage if attention was given to the proper care of products liable to deterioration."

In transmitting to the Board this present report, it is our desire to add the comments of Prof. L. D. Havenhill, chief. In reporting the fifty-eight "tinctures of iodine" and other preparations, he makes the following summary: "About 74 per cent of these 'tinctures of iodine' contain potassium iodide. The maximum quantity of iodine found, calculated for one liter of tincture, is 88 grams; the minimum, 12.7 grams. For potassium iodide, the figures are, respectively, 89 grams and 10.6 grams." These results seem to indicate that something besides the Pharmacopœia is necessary to secure uniformity in tincture of iodine.

About 56 per cent of the tinctures which contain potassium iodide are within 10 per cent of the official requirements in iodine strength.

The quality of "spirit (essence) of Peppermint" is not as satisfactory as could be desired. Twelve samples⁵ are reported one-half are deficient in volatile oil and one-fourth contain water. Sample No. 3528 is clearly adulterated. The carton is labeled "Seelye's Pure Essence of Peppermint." A weak hydroalcoholic solution of oil of peppermint is in no sense "pure peppermint." The fact that the alcohol is declared, and the statement, "For Flatulency, Colic, Diarrhea," etc., together with the dose for adults and children, clearly indicate that it is intended to be used for a medicinal purpose.

No. 3652 is, by its label, clearly intended for a flavoring extract and meets the legal requirements. No. 3653 is labeled the same, is made by the same manufacturer and sold by the same retailer at the same price as No. 3652, yet it has practically three times its flavoring value.

It should be noted that the quality of "Tincture of Ginger" is extremely variable; several of the samples contain the required percentage of alcohol, but are conspicuously deficient in the characteristic ginger pungency. The presence of the pungent

TINCTURE OF IODINE.

Lab. No.	Insp. No.	NAME	City	Gms. iodine in 100 cc. of tincture	Potass. iodide in 100 cc. of tincture
3551	2229	J. M. Bowen & Co.,	Atchison	5.67	Absent
3583	8288	W. I. Ellsworth	La Cynge	8.37	4.34
3584	8289	W. H. Bradwell,	La Cynge	6.95	4.84
3585	8290	J. E. Rader,	Fulton	7.60	6.62
3586	8291	Edward Dorsey,	Fulton	5.87	Absent
3587	8292	L. A. Thuiller,	Pleasanton	5.40	Absent
3588	8293	E. W. Bartleson,	Pleasanton	4.90	Absent
3589	8294	United Drug Co.,	Pleasanton	6.15	1.06
3590	8295	J. I. Sheets,	Mound City	5.40	3.28
3591	8296	E. R. Van Ness,	Mound City	6.72	Absent
3592	8297	A. H. King,	Blue Mound	5.40	Absent
3593	8298	Gooch & Edmondson,	Mapleton	7.35	Absent
3594	8299	Dr. S. E. Ball,	Mapleton	6.10	Absent
3595	8300	J. B. Dickey,	Newton	7.40	5.19
3596	8301	Charles Johnson,	Newton	6.20	4.70
3597	8302	E. E. Conrad,	Newton	8.67	5.76
3598	8303	John Reese,	Newton	5.85	3.49
3599	8304	George W. Kates,	Newton	4.34	2.05
3600	8305	W. K. Smith,	Newton	5.77	Trace
3601	8306	D. D. Johnson,	Sedgwick	6.05	Absent
3602	8307	F. B. Snyder,	Wellington	7.60	5.50
3603	8308	H. G. Collins,	Wellington	5.62	2.22
3604*	8309	Galloup & Crow,	Wellington	7.42	8.90
3605	8310	Doctors Emerson & Harrison,	Wellington	6.55	Absent
3606	8311	Dr. R. H. Shippey,	Peck,	5.77	4.20
3607	8312	Arlington Drug Store	Wellington	4.37	5.65
3608	8313	H. R. Funk,	Belle Plaine	6.62	3.74
3609	8314	L. L. Constant,	Belle Plaine	4.10	Absent
3610	8315	Earl Collins,	Harper	8.42	6.30
3611	8316	Slack & Griggs,	Harper	4.74	Absent
3612	8317	Ferris Drug Co.,	Argonia	7.67	3.56
3613	8318	J. E. Shaw,	Mulvane	6.92	5.22
3614	8319	C. E. Palmer,	Mulvane	7.00	5.07
3615	8320	J. R. Crump,	Caldwell	6.40	4.78
3616	8321	I. T. Gabbert,	Caldwell	8.80	6.64
3617	8322	N. D. Perry,	Caldwell	7.57	5.99
3618	8323	L. F. Baugh,	South Haven	5.15	3.12
3619	8324	George K. Crooker,	Anthony	5.52	0.33
3620	8325	H. N. Kirkpatrick,	Anthony	3.80	Absent
3621	8326	Erwin & Potter,	Anthony	6.50	5.23
3622	8327	Fred Olmstead,	Anthony	6.42	3.12
3623	8328	Kiowa Drug Co.,	Kiowa	6.60	5.02
3624	8329	A. H. Carpenter & Son,	Hazelton	7.52	5.63
3625	8330	O. E. Harman,	Kiowa	5.22	Absent
3626	8331	Syracuse Drug Co.,	Syracuse	4.55	1.83
3628	8333	A. & A. Drug Co.,	Garden City	7.77	6.11
3629	8334	T. C. Laughlin,	Garden City	1.27	Absent
3630	8335	Renick Bros.,	Garden City	5.97	6.88
3631	8336			7.17	5.70
3633	8338	Farnsworth Drug Co.,	Hoisington	7.42	4.38
3635	8340	R. H. Hammond,	Ness City	8.02	4.81
3636	8341	H. J. DeVries,	Dighton	7.05	5.02
3637	8342	Round Drug Co.,	Dighton	5.07	3.21
3638	8343	Nicholson Drug Co.,	Scott City	7.27	5.88
3639	8344	L. S. Boyer,	Scott City	6.10	3.39
3642	8347	S. W. Dutton,	McCracken	6.45	3.98
3643	8348	Dr. L. D. Fitzgerald,	La Crosse	5.75	.51
3646	2261	D. C. Eldridge,	Wayne	8.02	4.82

*Contains undissolved potassium iodide.

principle of capsicum is detected in two of the samples.

This report contains the results of the preliminary examination of ten samples of "Tincture of Calumba." Two samples of tincture prepared in the drug laboratory show, by assay, 56.5 cc. of absolute alcohol and 2.44 grams of extractive, and 56.6 cc. of absolute alcohol and 2.54 grains of extractive, respectively, per 100 cc. of tincture, and are much darker in color than the samples reported. The percentage of alcohol in these tinctures ranges from 7.76 cc. to 85.75 cc., while the extractives ranges from 0.49

ESSENCE OF PEPPERMINT.

Insp. No.	Lab. No.	NAME	City	Per cent added water.	Per cent oil.	Remarks
3528	9083	A. B. Seelye,.....	Abilene,...	33.00	2.10	Alcohol declared, 68 per cent; uncolored.
3543	2221	M. Noll,.....	Atchison,...	18.1	4.03	Yellow.
3572	2250	J. F. Terras,.....	Alma,.....		9.49	Yellow.
3634	8339	Hoisington Drug Co.,...	Hoisington		9.36	
3627	8332	W. C. Dougherty,.....	Syracuse,...		8.49	
3645	8350	J. Erwin Drug Co.,...	Rush C'n'r.		6.66	
3652	2267	S. Bradley,.....	Agenda,...	28.7	3.00	Extract manufactured by McPike Drug Co.
3653	2268	S. Bradley,.....	Agenda,...		9.82	Extract manufactured by McPike Drug Co.
3685	2295	Dr. Robert Algie,.....	Linn,.....	5.09	0.428	Made from Lilly's Fluid Peppermint; soluble.
3697	2307	R. W. Fairchild,.....	Randall,...		10.62	Uncolored
3699	2309	Red Cross Pharmacy,...	Scottsville,...		8.65	Yellow
3712	2322	J. S. Fleming,.....	Miltonville		9.82	Light Yellow

SPIRIT OF CAMPHOR.

Lab. No.	Insp. No.	NAME	City	Water Added	Per Cent campher
3519	2205	L. O. Murphy,.....	Willis,.....		12.56
3521	2207	S. A. Norris Drug Co.,...	Everest,.....		10.47
3523	2209	C. C. McCreery,.....	Netawaka,.....		9.00
3524	2210	W. D. Beven,.....	Muscotah,.....		10.09
3535	2213	Dr. W. Jones,.....	Huron,.....		15.00
3536	2214	B. F. Coffin,.....	Huron,.....	24.19%	13.05
3566	2244	W. V. Ingham,.....	Atchison,.....		7.05
3582	2260	Dr. L. A. Walker,.....	Harveyville,.....		10.25
3640	8345	Dr. A. J. Swisher,.....	Tribune,.....		12.46
3654	2269	S. Bradley,.....	Agenda,.....		9.15
3672	2282	Dr. C. C. Stillman,.....	Morganville,.....		9.54
3673	2283	S. A. Mason & Son,.....	Meredith,.....		9.54
3675	2285	McCall Drug Co.,.....	Palmer,.....		10.39
3681	2291	Attwood Drug Co.,.....	Palmer,.....		10.39

TINCTURE OF CALUMBA.

Lab. No.	No. Insp.	NAME	City	Per cent alcohol	Residue	Remarks
3573	2251	J. F. Terras,.....	Alma,.....	85.75	0.490	Lemon Yellow
3580	2258	Dr. Jewett Drug Co.,...	Eskridge,...	32.25	1.136	Orange Peel color
3657	2272	E. Bechard,.....	Clyde,.....	45.00	15.390	Contains glycerin
3676	2286	McCall Drug Co.,.....	Palmer,.....	43.75	1.336	Dark red
3687	2297	Dr. R. W. Maintz,.....	Linn,.....	38.50	0.496	Orange red
3731	2341	D. A. Nywall,.....	Scandia,.....	37.75	1.166	Orange red.
3739	2349	M. G. Reed,.....	Cuba,.....	43.75	0.860	Yellow
3755	2365	J. G. Trueblood,.....	Glen Elder,...	69.50	25.478	Contains glycerin.
3769	2379	Southside Drug Store,...	Kirwin,.....	7.75	1.806	Turbid; considerable sediment.

COMPOUND TINCTURE OF GENTIAN.

Lab. No.	Insp. No.	NAME	City	Per cent alcohol	Residue	Remarks
3578	2256	Dr. Jewett Drug Co.,...	Eskridge,...	54.00	3.340	No data.
3648	2266	T. E. Brandon,.....	Clyde,.....	50.75	4.906	Did not know how made
3661	2276	Clyde Drug Co.,.....	Clyde,.....	54.50	4.478	Made from fluid extract.
3677	2287	McCall Drug Co.,.....	Palmer,.....	21.20	4.740	Did not know how made
3684	2294	Algies Cash Drug Store	Linn,.....	45.25	2.844	Bought prepared.
3729	2339	D. A. Nywall,.....	Scandia,...	41.20	3.882	From wholesaler.
3744	2354	Geo. M. McEckron,.....	Concordia,...	52.75	3.056	Made from fluid extract
3753	2365	W. E. Keef,.....	Glen Elder,...	57.00	3.769	No data.
3765	2375	Owl Drug Co.,.....	Tipton,.....	55.35	5.104	McPike Drug Co.
3788	2398	H. B. Leach,.....	Alton,.....	44.00	4.740	Made from fluid extract
3807	2417	G. R. Thomason,.....	Stockton,...	48.20	3.806	Made from fluid extract

TINCTURE OF GINGER.

Lab. No.	Insp. No.	NAME	City	Label	Per cent Alcohol	Remarks
3260	2146	J. W. Roberts,.....	Grinnell.....	Tr. Ginger.	90.25	
3261	2147	I. I. McIntosh,.....	Oakley.....	Ex.Ja.Gin.	92.50	Not very pungent
3271	2157	M. R. Smith.....	Russell.....	Ess.Ja.Gin.	.....	Broken in transit.
3499	2185	Grand Union Tea Co.	Brooklyn.....	Ex.Ja.Gin.	63.24	About 25% added water.
3504	2190	C. L. Sherwood,.....	Sabetha.....	Tr. Ginger.	88.00	
3508	2194	Parker-Wilson Gro. Co.	St. Joseph, Mo			
"	"	J. J. Taylor, retailer,	Elwood,.....	Jam. Gin... Liber. Bell brand.....	60.00	Alc. decl. 60% con- capsicum.
3525	2211	Gem Pharmacy,.....				
3549	2227	J. M. Bowen,.....	Muscotah.....	Tr. Ginger.	69.30	Contains capsicum
3704	2314	G. N. Hartwell,.....	Atchison.....	Tr. Ginger.	89.00	
3705	2315	L. H. Wapler,.....	Jamestown,...	Tr. Ginger.	90.25	
3714	2324	J. E. Janeway,.....	Aurora.....	Tr. Ginger.	90.00	
3781	2391	Zimmerman Drug Co	Haddam,.....	Tr. Ginger.	88.60	
			Portis.....	Tr. Ginger.	94.50	Not very pungent; light yellw.
3785	2395	Baldwin & Co.,.....	Osborne.....	Con.Es.Ja. Ginger, .	65.10	Alc decl. 65%; con- tains insol. matter
3792	2402	H. J. Chapman,.....	Speed.....	Ginger,....	93.50	
3641	8546	D. D. Hunt & Co.,...	McCracken,...	Es.Ja.Gin.	90.25	
3644	8549	Semple Drug Co.....	LaCrosse,....	Tr. Ginger.	92.20	
3781	2391	Zimmerman Drug Co	Haddam,.....	Tr. Ginger.	92.50	Not very pungent; light yellow.

grams to 1.336 grams per 100 cc. Samples Nos. 3657 and 3755 contain glycerin and are not included in the above limits. Tincture of calumba has been official for many years, but glycerin was never directed to be used in its preparation. The 1870 fluid extract of calumba, however, contained some glycerin.

The most uniform preparation so far examined is "Compound Tincture of Gentian."

The information supplied by the retailer, given in the column headed "Remarks," furnishes food for serious reflection.

Lab. No. 3173, Insp. No. 2089. Label, "Rich Lawn Whiskey, Vatted and Blended." Bottled by Edward Block distilling and Distributing Company, Kansas City, Mo. Alcohol declared by manufacturer, 42.5 per cent. Alcohol found, 42.5 per cent. Artificial color.

Lab. No. 3355, Insp. No. 2141. Label, "Prunets." Home Remedy and Supply Company. Compressed tablets with starch base.

Lab. No. 3509, Insp. No. 2195. Tincture of Arnica (Liberty Bell Brand). Packed by Parker-Wilson Grocery Company. Alcohol declared, 25 per cent. Found to contain 19.4 per cent alcohol.

Lab. No. 3539, Insp. No. 2217. Label, "Cinchonidia Sulphate Pills." Manufactured by Parke, Davis & Co., Detroit. Old stock. Each pill declared to contain 3 grains cinchonidine sulphate. Passed.

Lab. No. 3540, Insp. No. 2218. Citrate of Caffeine Pills.

T. J. Ritner, Atchison, retailer. Declared to contain 1 grain of caffeine citrate. Passed.

Lab. No. 3552, Insp. No. 2230. Po. Extract of Hyoscyamus. J. M. Bowen & Co., Atchison, retailers. Contains 0.068 per cent mydriatic alkloids. About one-fourth U. S. P. strength.

Lab. No. 3553, Insp. No. 2231. Soluble Iron and Quinine Citrate. Powers & Weightman, Philadelphia, manufacturers. J. M. Bowen, Atchison, retailer. Found to contain 11.5 per cent quinine, and ferric citrate corresponding in amount to 13.01 per cent metallic iron. Passed.

Lab. No. 3557, Insp. No. 2235. Tr. Capsicum. A. W. Stevens, Atchison. Found to contain 87.4 per cent alcohol.

Lab. No. 3559, Insp. No. 2237. Extract of Belladonna Pills. Old stock. Declared to contain one-eighth grain of extract. Found to contain 0.00071 gm. of mydriatic alkaloid—equivalent to about five eighths the declared strength.

Lab. No. 3560, Insp. No. 2238. Label, "Cinchonidia Sulphate Pills. Manufactured by W. H. Schieffelin, New York. Old stock. Declared to contain 2 grains cinchonidia sulphate. Found to contain 1.87 Gr.

Lab. No. 3561, Insp. No. 2239. Cera Alba. A. W. Stevens & Co., Atchison. Melting point, 56° — 82° ; specific gravity 0.892; saponification value, 8.48. Contains paraffin and nonether soluble wax. Adulterated.

Lab. No. 3565, Insp. No. 2243. Power's Extract of Aconite Leaves. Old stock. Manufactured by Lloyd Bros., Cincinnati, Ohio. W. V. Ingham, retailer. Found to contain 0.152 per cent aconitine. There is no official standard for this extract.

Lab. No. 3649, Insp. No. 2264. Zinc Sulphate. T. E. Brandon, Clyde, retailer. Sample has brown color. Contains iron.

Lab. No. 3655, Insp. No. 2270. Po. Extract of Aconite Root. Old stock. D. Bechard, Clyde, retailer. Found to contain 0.107 per cent of aconitine.

Lab. No. 3656, Insp. No. 2271. Elixir Potassium Bromide. E. Bechard, retailer. Four cubic centimeters of the preparation were found to contain 0.58 gm. or 8.95 grains of potassium bromide. Uncolored.

Lab. No. 3660, Insp. No. 2275. Zinc Oxide Ointment. Not smooth, containing lumps of zinc oxide. The Pharmacopœia directs to strain if necessary. Sample contains 17.8 per cent zinc oxide.

Lab. No. 3664, Insp. No. 2279. "Hydrocyanic Acid, Dil." Old stock. Put up in transparent glass-stoppered bottle. Con-

tains 1.2 Hydrocyanic acid. Below standard.

Lab. No. 3678, Inip. No. 288. Citrine Ointment. McCall Drug Company, Palmer. Dark brown preparation. Faulty manufacture. Dispensed in tin box.

Lab. No. 3703. Insp. No. 2313. Iodine Ointment. Found to contain less than one-third amount of iodine of the official preparation. The deficiency in iodine content is disguised by the addition of coloring matter.

Lab. No. 3710, Insp. No. 2320. Citrine Ointment. Fleming Pharmacy, Miltonvale. Sample is not a citrine ointment. Has the appearance of a very poor resin cereate.

Lab. No. 3716, Insp. No. 2326. Alcohol. S. S. Yoder & Son, Haddam. Sample found to be of official strength.

Lab. No. 3720, Insp. No. 2330. Gentian Bitters Compound. Manufactured by Evans-Smith Company. Declared to contain 26 per cent alcohol. Found to contain 26 per cent alcohol. Residue from 100 cc., 0.2648 gm.

Lab. No. 3721, Insp. No. 2331. Citrine Ointment. Bixby & Potter, Republic. A chocolate-covered, semiliquid preparation. Was dispensed in tin box.

Lab. No. 3722, Insp. No. 2332. Citrine Ointment. Bixby & Potter, Republic. A brown or chocolate-covered preparation. Faulty manufacture. Dispensed in a tin box.

Lab. No. 3743, Insp. No. 2353. Tr. of Capsicum. Geo. M. McEckron, Concordia. Found to contain 86 per cent alcohol.

Lab. No. 3752, Insp. No. 2362. Lac Sulphur. Found 7.07 per cent ash (calcium sulphate) Adulterated.

Lab. No. 3763, Insp. No. 2373. Lac Sulphur. Examined for adulteration. Passed.

Lab. No. 3796, Insp. No. 2406. Alcohol. The Woodston Pharmacy, Woodston. Found to be of official strength.

Lab. No. 3802, Insp. No. 2412. Elixir Potassium Bromide. Smith Bros. Drug Company, Stockton. Four cubic centimeters of the preparation found to contain 9.92 grains potassium bromide. Colored with tincture cudbear.

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Obituary.

Washington Lafayette Schenck, M. D. Dartmouth Medical School, Hanover, N. H. 1849; formerly a member of the American Medical Association, and first vice-president in 1888; president of the Kansas State Medical Society in 1877; of the Kansas East District Medical Society in 1880; of the Warren County, Ohio,

Medical Society in 1854; and a member of the Topeka Medical Society and the Kansas Historical Society; professor of hygiene and state medicine in the University of Kansas; adjunct professor of practice of medicine and professor of hygiene and preventive and state medicine in Kansas Medical College, of which he was one of the organizers; surgeon of the Seventh Ohio Volunteer Infantry, later in charge of army hospitals Nos. 10 and 15, and on the staff of Major General Hamilton, and afterwards surgeon on the Board of Enrollment of the Third Ohio Congressional District during the Civil War; at the close of the war, deputy U. S. tax collector in Camden, Ark; pension examiner for Osage county, Kan., and a member of the school board of Sage City and of Franklin, Ohio; for four terms a member of the Kansas State Board of Health; once mayor of Franklin, Ohio; a trustee of Anitoch College, Yellow Springs, Ohio, and the Kansas Medical College; local surgeon for the Denver and Rio Grande Railroad and the Colorado Fuel and Iron Company at New Castle Colo., in 1895 and 1896, and for the Santa Fe System and Missouri Pacific Railroad at Osage City from 1872 to 1890; died at his home in Topeka, January 4, from pneumonia, aged 84.

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Edwin P. B. Wilder, M. D. Chicago Medical College, 1874; district surgeon for the hospital fund of the Union Pacific Railroad, coroner and health officer of Wallace county, Kan; died at his home in Sharon Springs, December 9, aged 55.

CLINICAL NOTES

Jonnesco's Anesthesia.—J. J. Moorhead, New York (Journal A. M. A., January 22), reviews Jonnesco's statements in regard to his new method of causing analgesia and his statistics, and gives an analysis of an unfavorable case in the Post-Graduate Hospital in New York. He does not agree with Jonnesco in his explanation that the delirium and other unfavorable symptoms were epileptic and not caused by the drug. He gives an historic sketch of spinal anesthesia methods, stating that it is the consensus of opinion of observers that the high injections are unsafe. Respecting low spinal puncture, there seems to be some division of opinion between those who would not advocate it all and those who might employ it in case of contraindications to other methods. In general, Moorhead says, the cogent factors warranting hostile criticism of the method are: "1. Danger of interference with a highly organized section of the nervous system, considering the possibility

of (a) puncture of blood vessels, leading to (b) spinal hemorrhage and areas of (c) spinal sclerosis or (d) syringomyelia later. 2. Uncertainty of reaching the arachnoid space and hence failure of analgesia. 3. Psychic shock incident to operations when patients are conscious and appreciative of the sights and sounds occasioned by the occurrence. 4. The advantages do not outweigh the dangers, known and unknown, in a yet insufficiently tried radical departure from older methods." Moorhead says that it is apparently the general opinion that spinal analgesia will always have only a limited application in emergency operations and where other general or local anesthesia methods are contraindicated.

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An Ointment for Eczema.—The following is known as "Gaucher's eczema ointment" (The Practitioner, January, 1910.):

℞ Precipitated Sulphur	}aa.	gr.	xv;
Salicylic acid,				
Camphor,	}		
Oil of Cade,				
Zinc oxide,				
Petrolatum,				

Misce. Fiat unguentum.

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The Treatment of Rose Cold and Hay Fever.—Litchford (The Therapeutic Gazette, December 15, 1909), in discussing the medical treatment of rose cold and hay fever, admits his preference for a prophylactic or tonic treatment. He believes in the general up-building of the patient, whether there be pathological local conditions or not. The treatment must be begun from four to six weeks prior to the attack. In his experience most patients have received the greatest benefit from the internal administration of some form of iron, quinine, strychnine, arsenic, and taraxacum in combination. A favorite prescription of Dr. Litchford's, modified in dosage, etc., to suit the patient's need, is the following:

℞ Strychnin sulphate,	.....gr.	⅓;
Arsenic trioxide,	.....gr.	ss;
Ferric pyrophosphate,	.....gr.	xl;
Quinine bisulphate,	.....gr.	xx;
Pulverized extract of taraxacum,	.....gr.	xv.

Misce ut fiant capsulæ No. xx. Signe: One to be taken three times daily after meals.

Dr. Litchford considers it essential to begin the treatment early, say from four to six weeks before the expected onset, other drugs or combinations that seem to be indicated not being overlooked. The important point, in his opinion, is to keep in mind

prophylaxis, or the increasing of natural immunity.—N. Y. Medical Journal.

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For the diagnosis of fractures of the upper end of the femur careful measurements are often of greater value than any manipulations—and much safer.—H. N.,—American Journal Surgery.

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Tuberculosis of the bladder, when unaccompanied by marked tubercular lesions of other parts of the genitourinary tract, ordinarily gives few signs of its presence, and in many instances cannot be diagnosed from a simple cystitis, unless a bacteriological examination be made.—International Journal of Surgery.

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It is not good practice to completely empty an acutely distended bladder at one sitting. Its rapid and sudden collapse produces both pain and anxiety in the patient, and it may also tend to produce a more or less hemorrhagic cystitis. This last condition may furthermore develop a tendency of becoming chronic and possibly lead to ulterior complications that may be difficult to control and still more so to cure.—American Journal Dermatology.

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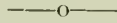
In inserting a sound or other inflexible instrument into the bladder, pain and discomfort will be eliminated to a considerable extent if gentle but firm pressure is made upward and backward on the perineum; this enables the instrument to hug the roof of the canal more easily. Conversely, in removing such an instrument, it will be surprising to see how much comfort is added to the patient, if the same firm but gentle pressure is made with the finger tips of the free hand downward and backward under the pubic arch; this brings the instrument closer to the floor of the urethra and makes its removal much less annoying and painful.—A. L. Wolbarst, International Journal Surgery.

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RADICAL TREATMENT OF EPITHELIOMA OF THE LIP.—

J. C. Stewart, Minneapolis (Journal A. M. A., January 15), discusses the radical treatment of lip cancer. He states that local removal of lip cancer should never be done, because it is impossible to exclude lymphatic involvement in any case. Radical operation embodying the principles laid down is the only sure way to obtain the best results for our patients, our own reputations, and the credit of the surgical treatment of cancer. Even in recurrent cases much can be done, and these patients should, when the extensive

involvement of irremovable soft parts does not preclude, be given the benefit of a carefully executed operation on the same lines. The article is illustrated.

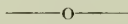


Bandaging the Eyes After General Anesthesia.—Jackson says that if at the time the surgeon says “no more ether” you will carefully bandage the eyes, with small pieces of gauze over them to protect them (if irritated from ether, saturate pieces of boric acid solution) and allow the bandage to remain until the patient asks for it to be removed, you will find it very beneficial. How it acts is not understood.

During my service as surgical interne at the Philadelphia Hospital all of the cases under my care were subjected to this simple procedure. The summary of the results is as follows:

1. In all cases patients rested more quietly until consciousness was restored.
2. Vomiting only occurred in very few cases, and if it occurred the patient usually spat up a small amount of mucus and was not nauseated further.
3. Post operative vomiting in its truest sense was not encountered.

These few remarks and results are offered to those who are in a position to study the effects more fully with the hope of preventing this most disagreeable sensation as well as detrimental complication.—Indianapolis Medical Journal.



Tetanus Antitoxin—C. J. Rowan, Chicago, (Journal A. M. A., February 12), reports a case of tetanus with mixed infection in which the patient received a prophylactic dose of 1,500 units of tetanus antitoxin. Notwithstanding this tetanus developed on the twenty-fifth day and terminated fatally in four days. While several European cases have been reported of tetanus following prophylactic doses of antitoxin, this is the first one he can find reported in this country. An examination of another 1,500 unit package from the same lot, made by Dr. M. J. Rosenau of the Hygienic Laboratory, Washington, D. C., revealed that it contained over 2,000 units or 500 more than it was claimed to contain. Rowan concludes that, while 1,500 units of antitoxin will prevent tetanus in case of wounds not followed by severe infection, it may fail when used only once when there exists a mixed infection lasting over ten days. In such cases he would advise a repetition of the dose every week while the infection lasts, especially if it is due to saprophytic bacilli which reduce the resistance to the tetanus bacilli.

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LABORATORY METHODS ACCESSIBLE TO THE CLINICIAN.

EDWIN HENRY SCHORER, M. D., Lawrence, Kansas.

Read before the Northeast Kansas Medical Society, February 10, 1910.

Specialization in medicine is now so developed that almost every doctor wants to class himself as a specialist along one line or another. Probably the reasons for this specialization are to be looked for in the lack of preparation on the part of many physicians and in the eagerness of others to extend their field of work. This has developed to the extent that in some instances the family physician is courted by specialists because he is regarded as a feeder of the specialists' practice.

Probably in no field of medicine does the practitioner realize his incompetency to do the required work as in the clinical laboratory. Very frequently the methods are such that the man without special laboratory training cannot comprehend nor execute them. Some clinicians are willing to acknowledge the benefits that may be obtained from laboratory examinations and investigations but are not willing to study them sufficiently to comprehend the interpretations and deductions from the results of the same; while others look upon them as fads entirely unnecessary to the practice of medicine. To obtain the best assistance from the laboratory, the clinician should possess enough information on the subject to properly select the laboratory man that is to make the investigation, to properly select the material to send for examination and to interpret the reports he receives from the laboratory.

The laboratory man very frequently is asked by the clinician not only for his diagnosis but also for his recommendation of treatment. Inability of the physician to make these examinations for himself and to interpret the results as given to him by the

laboratory man undoubtedly at times leads to an injustice to the patient because the diagnosis is held up for some time as well as subjecting him to unnecessary expense. In some instances the clinician is unjust enough to the laboratory man to expect him to make these examinations without charge while the physician charges regular fees for his services and at times even for examinations which he himself does not do or expect to pay for. The dangers arising from the clinician's failure to do such laboratory examinations as are accessible to him cannot be over emphasized and whether it be due to the lack of knowledge or to the lack of time, the clinician ought to so train and prepare himself that he can make and interpret the results of these examinations. To best accomplish this, it is necessary that the clinician have accurate methods which can be performed in the shortest time possible.

It is the purpose of this paper to outline a few of the most important methods of examinations which yield accurate and valuable results in the minimum amount of time. It is impossible here to go into details because the field of work is so large and the clinician is expected to know the importance of the various examinations and to interpret the results obtained.

The laboratory methods may, for convenience, be divided into two groups; those which can be done in the doctor's office, and those which can best be done in the clinical laboratory.

EXAMINATIONS THAT CAN BE DONE IN THE DOCTOR'S OFFICE:

SPUTUM.—Sputum examinations are frequently resorted to as a means of diagnosis of tuberculosis of the lung. To make these examinations most valuable, the specimen to be examined should consist of the morning's sputum, collected preferably in the plain specimen without the addition of any disinfectant. The reasons for omitting the antiseptics comes out in the second step in the examination, which consists of the selection of the material for examination. To select the material for examination, the sputum should be poured into a Petri dish or into a saucer, so that such parts of the sputum as contain blood, pus, small, cheesy, dark gray particles may be selected. This material is spread on at least two glass slides which are slightly heated. Heating of the slides makes it possible to get thin and evenly spread smears because the sputum next to the slide will stick to the same, while the upper part may be spread to other parts of the slide. The slide is then heated more highly to fix the material to the slide. To stain the sputum, Ziehl's carbol-fuchsin in a small jar is heated

in a pan of boiling water, the backs of the two slides are put together and both are immersed in the hot carbol-fuchsin, where they may be left without any further attention for five minutes. It is thus unnecessary, by this method, to keep heating the carbol-fuchsin and spilling of the stain is avoided. After staining in carbol-fuchsin, the excess of stain is washed off and the slides are decolorized in 97 parts of 60% alcohol and 3 parts of concentrated hydrochloric acid, decolorization being carried on until only the thicker parts of the slide retain the red color. After this the decolorizer is washed off, and the slide is counter-stained with a mixture of $\frac{1}{2}$ gram each of methylene blue and sodium carbonate in 100cc. of distilled water. About one minute of staining with the counter-stain is necessary and if the slide is stained too blue the excess of stain may be washed off with warm water. The slide is then examined for tubercle bacilli which will be stained red. At least one-half hour should be given for search on the two slides unless bacilli are found before this. If, in the first specimen of sputum, after one-half hour's search no tubercle bacilli are found it is usually desirable to obtain other specimens for examination because sputum from a patient with pulmonary tuberculosis may contain *B. tuberculosis* at one time and be free from them at another. At times, it is necessary to use other methods when too few bacilli are present. One of the most satisfactory of these consists in adding to several cubic centimeters of sputum such amounts of anti-formin as to obtain a 15% solution of anti-formin. This will digest and liquify the sputum which can then be centrifuged, the sediment stained and examined as before. When many pus cells or elastic tissue fibres are found and the clinical symptoms indicate pulmonary tuberculosis, repeated examinations are indicated before it is decided that the disease is not caused by *B. tuberculosis*. It frequently happens that other organisms may be the cause of disease of the lungs so that it is not an unusual occurrence to find staphylococci, influenza bacilli and actinomyces in sputum.

MILK.—There are various tests for milk which give important and valuable information on cow's and human milk.

a. **Specific Gravity.** This is obtained by the so-called specific gravity spindle and is of importance in indicating skimming, dilution and the presence of excessive amounts of fat. The specific gravity of normal cow's milk ranges from 1.029 to 1.035, that of skimmed milk from 1.036 to 1.038 and that of cream from 0.95 to 1.01.

b. **Formaldehyde.** The presence of formaldehyde is very

easily detected by diluting milk with an equal volume of water and then holding the tube slightly to the side and allowing several cubic centimeters of strong sulphuric acid, (C. P.) to which a few drops of a solution of iron chloride have been added, to form the bottom layer. A ring is formed at the junction of the diluted milk and the sulphuric acid. It must be remembered that the violet color is not obtained when milk contains more than .05% of formaldehyde.

c. **Fat.** Fat is determined by the Babcock test. It frequently happens, especially in the examination of human milk that a 17.6 cc. sample cannot be obtained. To work with smaller amounts of milk, a small centrifuge tube, holding 10cc. which fits into the arms of the ordinary urine centrifuge may be used. In this test, exactly 5 cc. of milk are poured into a beaker, then 1cc. of a mixture consisting of amyl alcohol 15cc., ethyl alcohol 35 cc., and concentrated hydrochloric acid 50 cc. is thoroughly mixed with the milk. Then while constantly stirring, 4 cc. of strong sulphuric acid are slowly added. The sulphuric acid must be added slowly to avoid charring. The mixture is then poured into the graduated test tube and centrifuged for 5 minutes, at the end of which time a sufficient amount of $\frac{1}{2}$ strength sulphuric acid is added to bring the surface of the fluid within the scale. After this the tube is again centrifuged for one minute. The percentage of fat is now read on the graduated scale.

d. **Protied.** Protied determination in milk is of great assistance especially to detect dilution with water and for determination of protied in human milk. For this determination the method advocated by Boggs is fairly accurate and convenient. According to this method, human milk is diluted 10 times and cow's milk diluted 20 times with distilled water. This is then poured into the Esbach albuminometer tube, such as is used for albumin determination in urine, up to the mark U. Then a mixture consisting of phosphotungstic acid 25 grams, water 125 cc., plus a solution of 25 cc. of hydrochloric acid in 100 cc. of water, is added to fill to the mark R. After this, the tube is corked and the whole thing slowly turned down twelve times. After standing 24 hours the protied determination for human milk is read directly while that for cow's milk is obtained by multiplying the reading by two. The stock of phosphotungstic acid reagent should be kept in a dark bottle. While the result obtained by this method is not as accurate as by the Kjeldahl method, it still is sufficiently accurate to be of great assistance especially to the pediatrician.

URINE EXAMINATION.—The different methods used

for urine examination are usually understood by clinicians, but because too much time is required to make the examinations they are seldom resorted to. However, in conveniently arranged offices, little time is required to make specific gravity determinations, to demonstrate the presence of albumin, sugar and casts. These methods need not be taken up here at this time.

BLOOD EXAMINATION.—Blood examinations are not often made by the clinician, however, every practitioner ought to be able to make valuable examinations and prepare for the clinical laboratory material suitable for examination. One of the difficulties frequently met with lies in obtaining sufficient amounts of blood. This is especially true if the ear is punctured and from this the drop of blood is obtained. A more satisfactory method and one which furnishes considerable amounts of blood consists in wrapping a bandage upon the middle finger of the hand beginning the windings at the base of the finger and then gradually winding up, then puncturing the finger outside of the middle line near the nail. If this is done quickly a fairly representative specimen of blood, suitable even for cell counting may be obtained.

a. **Counting.** The determination of the red and white blood corpuscles is a relatively easy matter and usually requires only a short period of time. Probably the greatest difficulty that clinicians have is in the mathematical part of this determination, for certainly any medical man should be able to count correctly the number of red and white blood corpuscles in the field of the microscope. For reference in regard to the solutions that are to be used for dilution and the mathematics involved, Emerson's book on clinical diagnosis is recommended.

b. **Hæmoglobin Determination.** While the Talqvist hæmoglobin scale has been very much discouraged as an accurate method of determining hæmoglobin, still it is practically the only one of the methods which is readily available in the laboratory or the physician's office. To obtain the best results by the use of this scale the Talqvist paper should be folded in the middle and then three places selected and marked so that if the paper is touched to the drop of blood at these places, comparsion can be made at one time with three different parts of the scale.

c. **Differential Counting.** The methods for determining the percentage of the white blood corpuscles are usually very complicated, require too much labor and hence are but little used by the clinical man. A method which has given very satisfactory results consists of the following steps: the finger is punctured after the

manner described before, from this a drop of blood is placed near the left hand margin of a clean slide, then a second slide, which has one corner broken off, is used as a spreader. An even spread of blood on the slide is obtained by placing the narrow edge of the slide to the right of the blood which is allowed to run to the edge of the spreader, then the spreader is drawn slowly to the right margin of the slide. The method is illustrated in the accompanying figures. After this, the blood is allowed to dry and is then stained with Hasting's blood stain, which should be allowed to remain on the slide for one minute, after which a few drops of distilled water, sufficient to produce a slight metallic lustre, are added to the stain. This diluted stain is then allowed to act for five minutes, after which the stain is washed off and the slide allowed to dry. With another slide used as a ruler and a needle as a marker, parallel lines, about a millimeter apart, may be drawn across the stained blood. The slide can then be examined and the white blood corpuscles readily determined by examining the cells between the parallel lines.

EXAMINATION FOR MALARIA PLASMODIA.—Blood should be obtained just before or during the time of the paroxysm, before the administration of quinine has been started. Malarial parasites may be searched for in the fresh blood specimen or in the stained blood smear. Of these methods the fresh blood examination is preferred but when this is impossible slides may be made and stained just as for differential counting. In all cases it is necessary to examine a number of slides.

DIAGNOSIS OF TUBERCULOSIS BY THE USE OF TUBERCULIN.—Frequently it is impossible to determine the presence of tubercle bacilli in the material available for examination and in this case tuberculin is frequently of assistance in diagnosis. Various methods are used but the important ones are the following:

a. **Subcutaneous Injection of Old Tuberculin.** Injections of old tuberculin are usually so made as to avoid severe reactions, and for this reason in some clinics, as small doses as $\frac{2}{10}$ of milligram are first injected. If there is no reaction $\frac{5}{10}$ of milligram is given, if again no reaction occurs the amount injected is raised to one milligram, three milligrams and finally five milligrams. The injections are made at intervals of at least four days. If no reaction results from the injections, the patient is regarded as being free from tuberculosis.

b. **Ocular Reaction of Calmette.** To apply this test an aqueous solution of the alcoholic precipitate of old tuberculin is

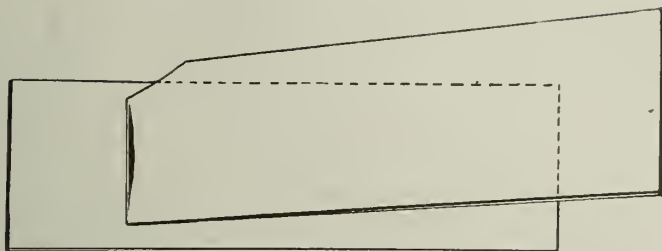


FIGURE 1.

dropped into the eye of the patient. The reaction is regarded as positive when there is congestion and inflammation of the conjunctiva. This reaction reaches its maximum about 24 to 36 hours after instillation and disappears after 3 to 6 days. This method yields fairly satisfactory results but in a few cases there has been marked disturbances of the eye and in some cases the reaction is not present when tuberculosis exists in the patient. The method has the disadvantage that it is impossible to use more than two strengths of tuberculin. Application of this test is contra-indicated in all diseases of the eye.

c. **Cutaneous Reaction of Von Pirquet.** Von Pirquet found that if a drop of old tuberculin is placed on the skin of the tuberculosis individual, the skin then scarified, and the tuberculin allowed to enter the tissues a hypersusceptibility of the skin could be observed. Probably the most satisfactory results are obtained by this method if three areas on the forearm are selected, onto the upper one of which nothing is placed while on the middle spot a drop of 50% glycerine is placed and on the lowest spot then is put a drop of old tuberculin. The skin is then scarified at the upper spot on which there is nothing, then the spot on which 50% glycerine has been placed is scarified and finally the spot on which the old tuberculin has been placed is scarified. The scarification in which 50% glycerine is allowed to enter the tissues, is added because old tuberculin contains 50% of glycerine which at times may produce reaction. The results warrant a diagnosis of tuberculosis, if only around the scarification containing old tuberculin papules with hyperæmia and exudation are produced. This reaction occurs from 12 to 24 hours after scarification and disappears after several days. The test is probably positive in all cases of tuberculosis but may also be positive in cases of old healed tuberculosis in which tuberculosis plays no particular part in the health or disease of the individual.

d. **Moro's Ointment.** Moro has obtained satisfactory re-

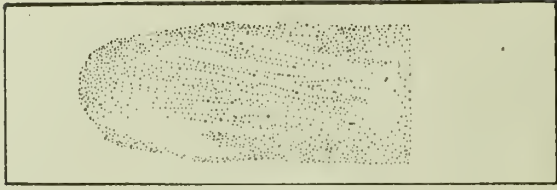


FIGURE 2.

sults in the diagnosis of tuberculosis by the application of 50% ointment of old tuber ulin in lanolin. This is rubbed into the skin usually on the abdomen. This reaction consists in the reddening of the tissues and the formation of slight papules, and appears in from 24 to 40 hours but may not appear until the 6th day, so that long observation is necessary at times.

EXAMINATIONS WHICH CAN BEST BE DONE IN THE LABORATORY.—Many of the laboratory tests can best be done in the laboratory due to the fact that better equipment usually is found in the laboratory than in the physicians office. In all instances, however, several points are of importance in order that the physician may get the best possible results from the laboratory examination. It is essential that the physician regard the laboratory man as a consultant and impart to him the important facts in regard to the history of the case, the epideminological factors of importance, the signs and symptoms as observed in the patient and then, in all cases, give him the most satisfactory material for examination. It only too frequently happens that at the laboratory specimens received are unfit for examination and from which no definite results, as far as diagnosis is concerned, can be obtained. Sometimes it happens that the clinician wants to surround the material he sends for examination with the least information in regard to the case, believing that the laboratory report is of no value unless the laboratory man can give the diagnosis without knowing the origin of the material sent. Certainly no one would call in a consultant and withhold important information and if the laboratory man is to retain his self respect he must in all cases refuse to examine material on the basis of cross-examination. Often it is impossible to give a definite diagnosis as to the case but very frequently such information can be obtained, which although not diagnosing specifically, still is of importance in outlining the treatment of the patient. In order that the best results may be obtained on the materials which are generally sent to the laboratory for diagnosis the following information is given.

1. **Diagnosis of Typhoid Fever.** There are few physicians now who make a definite diagnosis of typhoid fever without con-

firmation of the agglutinin, or so-called "Widal" test. This test consists in making a mixture of various dilutions of the patient's blood serum with the specific organisms of typhoid fever. While this test is very frequently and successfully done in the doctor's office, either with living or dead cultures of the organisms of typhoid fever, still it has been my experience that in most cases the laboratory can get earlier and more satisfactory results than can be obtained by the clinician for reasons which will be indicated later. Blood for this examination may be collected in one of two ways: either dried blood or the serum may be sent for examination. When dried blood is sent for examination, a number of drops of blood, obtained in the way described earlier, should be placed on a glass slide, on aluminium disc or some material which does not absorb the fluid-part of the blood. In a large number of cases physicians send in blood on news papers, prescription blanks, etc; agglutination tests made of such material are of very little value. Blood may also be obtained in the curved capillary tube of Wright as shown in Figure 3. After the blood is drawn it must be sent to the laboratory. In the laboratory, the agglutination

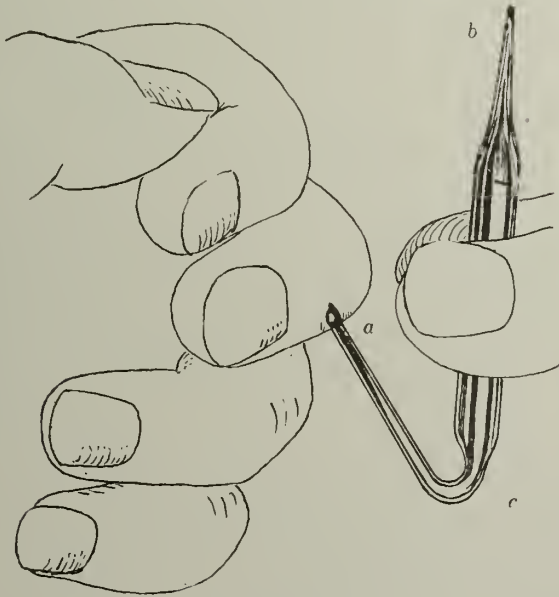


FIGURE 3.

test had better be done with *Bacillus typhosus*, *Bacillus paratyphosus* A and *Bacillus paratyphosus* B. The reasons for making this test with all three of these organisms is that it not infrequent-

ly happens that we have cases of paratyphoid instead of typhoid fever. The earliest diagnosis will be made when the three different organisms are used, for specific agglutinins appear earlier and in larger amounts than do common agglutinins and if the infection be one with *Bacillus paratyphosus*, the diagnosis can be made earlier by agglutination with *Bacillus paratyphosus* than with *Bacillus typhosus*. The diagnosis of typhoid fever can also frequently be made early in the disease by blood culture, in which case blood is obtained either from the punctured sterilized finger or from the prominent veins in the arm, cultures being made on bouillon and agar.

2. **Tuberculosis.** The sputum examinations have already been considered and can in most cases be done in the physicians office, however, there are a number of cases in which tubercle bacilli are few in number and it is necessary to break up the sputum by one of the methods already mentioned. Centrifugalization can best be done when the centrifuge is run by electric or water power which usually is not available in the physicians' office. At times it is necessary also to make animal inoculations. In all such cases it is important for the physician to remember that it requires from four to six weeks to make a diagnosis by the inoculation method.

3. **Diphtheria.** The diagnosis of diphtheria by swabs and cultures can very well be made in the physician's office, however, it is to be remembered that the identification of the organism from its morphological and staining characteristics is sometimes difficult. When the material is sent to the laboratory for examination, swabs should be made from the lesion with sterilized cotton on a wire or an applicator. After this Loeffler's blood serum or plain agar to which a drop or two of sterile human blood have been added. Human blood can be very easily added by cleaning off the finger with alcohol and then slightly burning the same by igniting a small amount of alcohol on the finger, puncturing the finger and obtaining the blood by the method which has already been described. Before the addition of blood the tube of agar must be melted and again cooled to about 110° F. After the addition of blood the agar must be slanted and allowed to harden. The inoculation of the media must be made with that part of the swab which has been infected by the material from the lesion. Both the swab and culture should then be sent to the laboratory with a good history and the physician's diagnosis of the case.

4. **Water and Milk Examination.** Very frequently the laboratory man is asked to examine water and milk for typhoid bacilli.

The examination especially of water, has become so important that most lay people realize the fact that potability of water can be decided upon in the laboratory. It is important for the physician to know that in the laboratory, typhoid bacilli are rarely demonstrated in water and that the laboratory examination usually indicates only fecal contamination, as is evidenced by the presence of colon bacilli. However, in as much as colon bacilli may be obtained from fecal matter of various sources, their presence is only an indication of fecal contamination. It is, therefore, of the greatest importance that the laboratory man know about the epidemiology, the source of water, and other data obtained by inspection of the surroundings from which the water is obtained. Furthermore, many samples of water are sent to the laboratory for examination in such containers and under such conditions, that they are absolutely useless as far as bacteriological examination is concerned. In all cases the physicians had better obtain from the laboratory such containers as will give satisfactory and reliable results. The rules of the American Public Health Association require that the bottles shall be of white glass, have glass stoppers and that the shortest time possible elapse between the collection of the specimen of water and the inoculation of culture media and that during this time the water bottles shall be packed in ice. Very convenient containers and shipping cases are now found in most laboratories fitted to make these examinations and should, in all cases, be obtained before the samples of water are collected.

5. **Pathological Material.** Pathological material to be subjected to microscopic examination should be well preserved as soon as it is obtained. One of the most satisfactory methods of preserving this material is to place relatively small pieces of the material into 4% formalin solution. Larger specimens should be well packed in ice.

The methods which have been given here apply only to the examinations most frequently made. The clinician often feels that he has not the time to perform these various examinations, however, if the laboratory or the physician's office is given attention, it can very easily be so arranged that most of these examinations require but little time and give very satisfactory results. When material is sent to the laboratory for diagnosis, the physician asks for consultation, and, hence, must give the laboratory man all possible assistance. In most cases of routine examination, the laboratory man has nothing to gain nor is the examina-

tion of the "greatest interest" to him that the clinician apparently supposes. In an editorial in the American Journal of Public Hygiene of November, 1909, laboratory examinations are divided into two groups; work which is of interest and value to all of the tax payers, which work should be provided for by the Boards of Health and done free of charge to the individual; and private work which is of personal interest to the recipient alone, which at present, should be done by the private laboratory. Very often, the patient and physician would rather have their work done in the private laboratory than in the State or municipal laboratory, feeling that a greater personal interest may be taken in the private laboratory. In cases where work is to be done in the private laboratory, the physician should extend the same courtesy as he does to surgical, gynecological, and other consultants, and give the laboratory man all the information he may need and decide upon such fees and help him to collect such fees, as he, himself, collects or would have any other consultant collect.

These cuts were kindly loaned by The C. V. Mosby Medical Publishers, St. Louis, Mo.

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MUSCULAR ATROPHY.

Causes—Diagnosis—Treatment.

W. W. YATES, M. D., Topeka, Kansas.

Read before Northeast Kansas Medical Society, Oct. 14, 1909.

Muscular atrophy may be due to inactivity, to local causes, or to central lesion. Muscular atrophy due to inactivity is slight and is not accompanied by the reaction of degeneration. Muscular atrophy due to local causes, as compression, division of a nerve, arthritis, or neuritis, is often pronounced and accompanied by weakness and deformity. Central lesions are frequently the cause of muscular atrophy.

When peripheral motor or mixed nerves suffer from serious disease or injury or when the anterior roots or ventral horn of the cord are the seat of destructive lesion, the result is flaccid paralysis with subsequent muscular atrophy accompanied by alterations in electrical excitability. (De R).

Muscular atrophy due to lesion in the nerve or in the cord is much more pronounced than in the paralysis of hemiplegia. In brain lesion the reflexes are usually increased and the reaction of degeneration present. The reaction of degeneration is almost a sure sign of degeneration of muscles and nerves. First, response to the faradic current is lost in the nerves. Second, the muscle fails

to respond to the faradic current. Third, the galvanic current does not excite the nerve. Fourth, muscles do not contract normally to galvanic currents. Anodal closing contraction equal to or greater than cathodal closing contraction. A most important sign of degeneration is a sluggish contraction in response to the galvanic current. The reaction of degeneration is partial or complete. In partial degeneration some restoration of function is possible, even in cases of very long standing.

Rapid atrophy accompanied by the reaction of degeneration is usually due to lesion in the lower motor neurons. Rapid atrophy without alteration of electrical excitability is due to dystrophy, primary muscle disease, or to joint disease.

Spastic paralysis without atrophy usually indicates lesion in the upper neurons, while flaccid paralysis with atrophy speaks for disease of the lower neurons. A form of muscular atrophy is found in pseudo-hypertrophy where there is increased bulk with decreased power. The muscle tissue is replaced by fat and connective tissue.

Trauma involving peripheral nerves may compress or sever the nerve causing more or less complete paralysis of the muscles supplied by the nerve. This paralysis is flaccid and degenerative. The muscle first becomes light red and later yellow. The transverse striations disappear and granular or waxy degeneration follows. Unless regeneration takes place in the nerve the muscle becomes fibrous. Severed nerves have been regenerated in a few days after primary or secondary suture. The sensation returns first, and much later, motion. The regeneration of muscles is a slow process.

Pressure injuries cause paralysis of longer or shorter duration. If severe the course is similar to that of a severed nerve. Here again we have flaccid atrophic paralysis with partial or complete reaction of degeneration. Joint injuries, professional pareses, neuritis, lead poisoning, and diphtheria are sometimes followed by similar muscular atrophy.

Treatment: The cause must be found out and removed. Regeneration of the nerve and muscle as complete as may be possible is the desired end. In toxic conditions eliminative treatment should be persisted in and where a specific or antidote exists its use is indicated. Quinine in malaria, mercury in syphilitic polyneuritis, potassium iodide and magnesium sulphate in lead poisoning, anti-toxin in diphtheria even late in the disease. Hot air baths are excellent where the patient's condition will warrant their use. Strychnine in very large doses is useful in this class of peripheral

lesions after the acute stage is past. $\frac{1}{60}$ gr. is not efficient, $\frac{1}{20}$ to $\frac{1}{15}$ should be given.

After all signs of irritation are past and the progress of the paralysis has ceased mechanical and electrical treatment should be given. They may be combined and may be persisted in for many months or until satisfactory results are obtained. Faradic, galvanic, or static currents may be used. In severe cases the faradic current is not useful.

Primary and secondary nerve suture may be performed where regeneration of the nerve cannot be brought about by electricity and massage. The divided ends of the nerve may be joined or the distal part may be joined to a sound nerve.

Muscle transplantation is of service when the muscle cannot be regenerated.

(For cases not benefitted by electricity and massage, muscle transplantation may be resorted to.)

Atrophy due to cord lesion.—Paralysis due to lesion in the anterior horns or anterior roots of the cord are flaccid and accompanied by the reaction of degeneration. The reflexes are decreased or lost.

Anterior poliomyelitis furnishes a paralysis of this kind. Infantile paralysis has recently been called polio-meningo-encephalo myelitis. The inflammation is located chiefly in the lumbar or cervical enlargements of the cord but with a tendency to extend even to the cortex. The acute stage of anterior poliomyelitis is not within the scope of this paper. The muscular atrophy follows the paralysis. Rapidly fatal cases are probably not purely anterior poliomyelitis but a diffuse inflammation or myelitic involving cord, membranes and even pons and brain. In cases that survive a paralysis which is fully developed from the beginning occurs in from one to three or four days. It is sudden and not progressive.

The lesion is commonly found in the anterior horns and is chiefly interstitial. When parenchymatous degeneration occurs it is secondary to or accompanied by interstitial changes.

Differential diagnosis—chronic stage.—Myelitis. Bladder weakness and sensory disturbances are common. They are rare in infantile paralysis. Myelitis is more common in adults.

Multiple neuritis.—Requires longer for paralysis to develop and may be distinguished by local pain and swelling.

In progressive muscular atrophy sensory disturbances are common. In amyotrophic lateral sclerosis the deep reflexes are increased and the cardinal symptoms are atrophy, rigidity and

paresis. Bulbar paralysis may appear later. There is weakness and atrophy in the upper extremities and weakness and rigidity in the lower extremities.

In spinal gliosis and syringomyelia of the cervical region the paralysis is progressive and not fully developed from the beginning as in anterior poliomyelitis. Disturbances of sensation are present. Touch and pressure may be intact while pain and temperature senses may be absent or impaired.

Paralysis caused by lesion of the upper neurons are spastic and not accompanied by the reaction of degeneration. The deep reflexes are usually increased. Atrophy does not occur.

The treatment of the paralysis of anterior poliomyelitis is chiefly mechanical and electrical. For cases not benefitted by electricity and massage, muscle transplantation may be resorted to and this procedure has been successful in a number of cases. Nowhere else do electricity and massage have a more useful field.

Where the reaction degeneration is only partial considerable improvement may be expected. Treatment should begun two or three weeks after the acute symptoms have subsided. These measures should never be used while an irritative lesion exists in the cord. Spontaneous improvement usually occurs and continues for a time, but this improvement is more rapid and complete if massage and electricity are used early. Many of these children do not come for treatment until spontaneous improvement has ceased, and then flaccid paralysis of one or more limbs with well developed atrophy of the muscle remains. The object of the treatment is to regenerate the muscles if possible. In late cases, faradic currents do not usually cause muscles to contract. When they do they may be used to treat them.

The galvanic current is most useful. The positive electrode is placed over the muscle and the negative over some indifferent spot. The milliamperemeter should be used to ascertain the amount of the current. The meter is then cut out and the automatic interrupter cut into the circuit. 60 to 80 interruptions a minute are about right. Massage improves the nutrition of the muscles and sometimes succeeds when electricity fails. Treatment should be given three times a week and continued a year if necessary. The Morton wave is preferred by some, and when it is desired to place the electrode over the cord lesion it would better be used instead of galvanic electricity. The patient on an insulated table is connected with the — rod. The — rod is grounded. The spark-gap is gradually widened from 7 to 3 inches, depending upon the machine and the patient. The electrode is

placed upon the muscle to be treated or by some over the cervical or lumbar portion of the spine.

By this treatment muscles long unable to do the work required of them may be improved until exercise is possible and consequent further improvement thereby assured or they may at times be developed or regenerated until by actual measurement they equal the sound muscles of the opposite extremity. While early treatment offers the best results, improvement has been obtained after twenty years. (Oppenheim.)

It is a satisfaction to the physician and a source of joy to the parent and child to watch the muscular contraction grow stronger from week to week and to see the muscles increase in volume and usefulness and the child become less and less a cripple. (Credit: Mayer, Oppenheim, Moyer, Landois, Cadwallader, Tyson.)

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Splint for Fractured Ulna.—Penn-Gaskell Skillern, Philadelphia (Journal A. M. A., January, 22), reports a case of fracture of the ulna in the lower third of its shaft and in which the inferior fragment was driven outward, encroaching on the interosseous space. Reduction by manipulation was evidently to be maintained by over-abduction of the hand. The simplest way to secure this seemed to be to apply a Bond splint in reverse. A right-handed splint was used and the patient was instructed to grasp the semicylindric block with his hand. The shaft of the splint, being free, formed an acute angle with the radial border of the pronated forearm. The hand was secured to the block by adhesive strips applied so as to describe an ellipse between the posterior surface of the bases of the metacarpals and the under surface of the distal end of the splint. The acute angle between the shaft of the splint and the forearm was obliterated by pushing the splint toward the forearm until it paralleled the latter. This forced the hand over toward the radial side in overabduction and the lower fragment of the ulna was therefore drawn away from the radius as far as the interosseous ligament permitted and the fragment were perfectly coapted. He quotes from Gross's "Surgery" to show that the principle thus applied is an old one but thinks it deserves present consideration..

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Aspirin can replace morphine for many of the post-operative pains, particularly at night.—American Journal of Surgery.

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The above heading should go ahead of—In the use of massage.

THE JOURNAL OF THE Kansas Medical Society.

JAMES W. MAY, - - - - EDITOR.

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

Subscription Rates: \$2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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EDITORIAL

The time is drawing near for the next meeting of the state society, which will occur at Topeka, May 4, 5, and 6. Make preparations to attend and stay out the entire meeting. The program in full will be published in the April issue, giving you ample time to prepare yourself to discuss all papers in which you are interested. The program promises to be the best one in the history of the Society, and the entertainment provided by the Shawnee County Medical Society will be a feature of the meeting.

Come take a vacation of 3 days and help "whoop it up". On to Topeka! ! The entertainment program follows: Wednesday afternoon, 4th, Ladies entertained by Topeka Federation of Clubs. Wednesday evening, reception at Governor's Mansion. Thursday noon, Luncheon for Ladies at Throop Hotel. Thursday noon, Luncheon for Men at Commercial Club. Thursday afternoon, reception for Ladies at Throop Hotel. Thursday evening, Majestic Theater, special performance. North Stock Co. According to weather, Automobile Drive over city.

Wives of physicians attending the meeting are specially requested to attend and physicians are urgently requested to bring their wives along.

EDITORIAL COMMENT.

Flexner's Denial of Antivivisection Canards.—Dr. Simon Flexner, director of the Rockefeller Institute for Medical Research, has replied through the columns of the New York Times to the sensational articles recently published in the New York Herald, alleging that needless and uncalled for cruelties were inflicted on animals in the institute. To those who have followed the admirable work of the Rockefeller Institute, no vindication is necessary. The absurdity of supposing that men of the highest scientific attainments, recognized for their learning and culture both in this country and Europe, would devote weeks of time and would derive insane enjoyment from the needless torture of animals, as was practically charged, is apparent to every one except the hopeless fanatic or the well-meaning but indiscriminating sentimentalist, who is not mentally capable of being guided by either common sense or ordinary evidence. Dr. Flexner's statement is given in full in General News and Comment in this issue. It is so conclusive and convincing as to require no further comment and so moderate and rational as to need no corroboration.

Evidently the efforts of the antivivisectionists are to be centered on New York in the hope of securing the passage of some kind of restrictive legislation in that state which can be pointed to as a precedent. It is not so strange that ignorant scrubwomen should set themselves up as authorities on scientific work as that misguided fanatics are willing to give credence to their garbled and indiscriminating statements. The most painful fact, is that great city newspapers, in order to be able to spread sensational headlines on front pages, will mislead the public by traducing an institution which is doing a splendid work, solely for the public good. At the time that Mr. Rockefeller established the hookworm commission the newspapers emphasized as one of his characteristics that he always carefully investigated any proposed scientific or philanthropic organization or purpose before he gave his money to it and that he never contributed to any object unless it could be shown that results commensurate with the expenditure could be secured. Is it possible that Mr. Rockefeller is contributing millions to support an institution in which brutal scientists and insane surgeons amuse themselves by inflicting needless pain on helpless animals? Such a conception of his shrewdness is not in line with popular ideas on this subject. Mr. Rockefeller knows that Simon Flexner and his collaborators have reduced the mortality in cerebrospinal meningitis—that scourge of the infant world—from 75 per cent to 25 per cent, and perhaps Mr. Rockefeller considers that an institu-

tion that saves fifty baby lives out of a hundred is a good investment, no matter what it costs. Perhaps the mothers of the babies think so, too. But the New York Herald is willing to take the word of a scrubwoman that the Rockefeller Institute exists in order to gratify the brutal and inhuman instincts of men who are striving to save babies from death.

It is almost unbelievable that any newspaper would so far sacrifice its reputation to a desire for sensationalism as to print such a story as that which appeared in the New York Herald, December 27.—Ed. Journal, M. A. Feb. 5. 1910,—The opposition to animal experimentation has enlisted the services of a number of newspapers who without knowledge or capability of passing judgement, pass an opinion as one having authority. A widely known lawyer from Great Britain has volunteered to come to America to help "educate" the laity and stir up sentiment against this form of medical progress. It all means that the profession must be awakened to the needs of suppressing false sentimentality and harmful legislation. We in the west have heard very little of the agitation, for the reason that it has been confined principally to New York, where if their proposed legislation carries, a concerted action on the part of the anti-vivisectionists will hastily make its appearance.

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One Remedy.—The leading editorial in the December number of the New York State Journal of medicine entitled "The Economics of Medicine," must have been widely read and should be carefully studied by all those interested in the future of medicine as a profession. That the practice of legitimate medicine to-day yields an income ridiculously small for the capital invested, and the amount of work performed, is only too true. In proof of this it is unnecessary to go into history, or to quote statistics, the effects are plain to those who have eyes to see and ears to hear. Existing conditions require the doctor to do entirely too much work for nothing, and he who serves the community without exacting his pay goes under. A doctor must make money whatever else he does or does not do, otherwise he must forego marriage or doom his wife and children to poverty and unhappiness.

Why does medicine no longer pay? It is difficult to know just how to set about proving a fact that to the writer's perception is so universally obvious—especially in our large cities. One can only ask the reader to go about and see for himself. Everywhere he will find hospitals vieing with each other to secure the greatest number of patients, dispensaries crowded to the doors

with patients able to pay 50 cents or \$1.00 for an office visit, while no attempt, or at the best only a half-hearted one, is made to discriminate between those who are worthy and those unworthy of free treatment. These institutions for which the doctors slaves without pay are not controlled by him, dependent as they are upon him for their support, but by a board of laymen. These are drawn from the business world where commercialism reigns supreme and quite naturally fall into the error of judging the means of their institution by the number of patients it treats irrespective of whether they are worthy of such treatment or not. It cannot be long before the manifest absurdity of our present condition of bondage will become patent to all. Then the profession will take the control of the practice of medicine, especially the charity practice, into their own hands where it fitly belongs, and keep it there. Already we are strongly organized. Let us use our strength to fight as well for the economic advance of medicine as we have for medicine as a science. Let every medical society throughout the land give to this subject for the coming year the serious and sincere attention it deserves and it will not be long before we witness the dawn of a new era in medical practice.—N. Y. State Medical Journal.

Right! The economics of medicine should rightly command the attention of the profession, and that at once. With the cost of living reaching higher and higher until it seems it will never stop and since the medical profession has not the ways and means to stop it then measures should be instituted to stop the drain of "cut price doctors", charity work that is not charity work, contract prices at ridiculously low prices, etc. An idea of this sort of practice can be had by reading this editorial note from the Indiana State Medical Journal

In some communities the cost of meat and nearly everything else goes up, but the cost of medical services remains the same or less than twenty years ago. As an instance of the ridiculous cut-throat measures adopted by some so-called physicians to obtain "business", we need only mention a suit brought against some county commissioners by an Ohio doctor to enforce a contract calling for an average of 25 cents per visit, medicines included, for professional (?) services rendered the poor.

A good subject for discussion at the next State medical meeting would be "Medical Economics that Concern Us Now."

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NEWS NOTES

Dr. E. N. Robertson of Concordia is in New York taking post-graduate work. He stopped a week at Rochester, Minn., on his trip and a few days at John Hopkin's Medical College, Baltimore, Md.

New Surgeon General. Medical Director Charles F. Stokes was nominated for surgeon-general of the Navy, February 5, to succeed Rear Admiral Presley M. Rixey, who retired voluntarily.

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Hiram Thomas Clary, M. D., Bennett Medical College, Chicago, 1884; of Winfield, Kan; a member of the local pension examining board; died at the home of his son in Kansas City, Mo., January 17, from acute dilatation of the heart, aged 71.

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The department of pathology at the University of Kansas has arranged to keep constantly on hand the serum which has been found useful in the treatment of epidemic cerebro-spinal meningitis. This serum cannot be purchased on the market and it is to be had only from Dr. Flexner, himself, and then only on condition that it be given by someone trained in his laboratory. Dr. E. H. Schorer of the University School of Medicine will have personal charge of the serum and will go anywhere in the state to administer it. The bacteriology of each case will also be worked out in the pathological laboratory of the University.

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In the Interests of Medicine.—The Stubbs-Grenfell fellowship is the latest to be announced at the University of Kansas. The fellowship pays its holder \$1,000 for a period of one and one-half years. Roy Wiedlein, a graduate of the University last year, has been appointed to be the fellow. Governor W. R. Stubbs gave the money for the work of this fellowship for investigating the possibility of extracting from the ductless glands of deep sea mammals certain substances which are of exceeding great value in medicine. The noted Dr. Grenfell, the Labrador missionary, is the one who suggested this line of research. Mr. Weidlein will spend several months in studying the scientific side of his subject and will then go to Labrador where he will spend the summer investigating the material which Dr. Grenfell will assist him in collecting. He will return to the University next winter for laboratory study of the products of his summer's work. Physicians especially are greatly interested in this investigation.

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Meeting of the Council of the Kansas Medical Society, Held at Kansas City, Kansas., December 29, 1909.—Those present were Dr. O. J. Furst, President; Dr. C. S. Huffman, Secretary; Dr. L. H. Munn, Treasurer; Dr. J. W. May, Editor of the Journal; Drs. Preston Sterritt, Councillor of the Third District; O. P. Davis, of the Fourth district; W. E. Currie, Councillor of the fifth dis-

trict; Arch D. Jones, Councillor of the sixth district; O. D. Walker, Councillor of the Eighth district; E. J. Beckner, Councillor of the tenth district and Dr. G. H. Hoxie, Dean of the Medical Department of the University of Kansas.

Dr. J. W. May was elected editor of the Journal for the ensuing year.

In the matter of furnishing reprints to the writers of papers, it was decided that this should be left to the editor of the Journal, as to cost, etc.

The secretary reported the organization of two new county Societies, one composed of Meade and Clark counties, and one composed of Sheriden, Gove and Graham counties.

It was also decided that members of the State Society on the program, should be present on the day that the program called for. It was also decided that no one should be placed on the program, who did not send the title of his paper.

Heretofore the Council and House of delegates have met on the evening of the day before the state meeting. This has been changed, and the council and House of delegates will meet on Wednesday, May 4th, the first day of the meeting of the society.

Dr. Walker brought up the question, "Whether a physician could be a member of the county society and not pay dues to the state society." He stated that there were some in his county who did not want to become members of the state society or pay state dues. It was decided by the council that this could not be done under our present constitution and by-laws.

Dr. O. P. Davis, appealed to the county societies to do more practical work instead of didactic work, taking the ground that more substantial good could be accomplished by this method.

Dr. Hoxie, of the medical department, of the University, reported that the University Extension Movement contemplated getting in close touch with the county societies.

Council adjourned.

CHARLES. S. HUFFMAN, Secretary.

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Fund for Physicians Disabled by Sickness.—The Journal A. M. A., in its issue of February 12, publishes the following letter: To the Secretary of Each State and County Medical Society, and to Other interested Members:

At the last session of the American Medical Association at Atlantic City the following report of Committee on Miscellaneous Business was adopted:

"The committee recommends that the President of this

Association appoint a committee of five members to inquire into the desirability and practicability of establishing under the auspices of the American Medical Association a fund for the assistance of physicians disabled by sickness, and for a sanatorium for the treatment of such members of the Association as may be afflicted with tuberculosis or similar diseases; such committee to report to the House of Delegates at the next annual session of the Association."

As a basis for wise action the committee urges that the officers of state and county medical societies, and others interested in the subject, should at the earliest possible date, forward to the secretary of the committee, Dr. A. C. Magruder, Colorado Springs, Colo. answers to the following queries, with some account of any special cases that seem to illustrate the need for provision for disabled members of our profession.

1. Is there any provision by your state medical society or local society for the care of destitute and disabled physicians and those dependent on them? If so, how is such provided.?

2. What number of instances of special need for such assistance (or sanatorium treatment) have arisen in your locality within the last five years? and what number of your members need such assistance now?

3. About how many members of your county medical society are at present afflicted with tuberculosis or similar diseases; or have within the last five years, died or withdrawn from professional work on account of such disease?

It is earnestly requested that this matter be brought before each county and state society at its next regular meeting, and that the desired information be furnished our committee at the earliest possible date.

The medical press is respectfully requested to republish this letter in order to give the subject wide publicity.

EDWARD JACKSON, Denver.

JEFFERSON R. KEAN, Washington, D. C.

A. T. BRISTOW, Brooklyn.

H. B. ELLIS, Los Angeles, Cal.

A. C. MAGRUDER, Secretary,

305 N. Tejon Street, Colorado Springs, Colo.

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CLIPPINGS FROM LAY EXCHANGES.

OLECTOMY.

J. J. A——has just undergone an operation. . . for what is known as "grease leg", a very uncommon and very painful dis-

ease. This was caused by a sprain in his right knee. The oil that lubricates the system gathered there, and some six ounces of oil of a reddish color were extracted. —El Paso (Tex.) Herald.

The Tumor were Removed.

Last week Drs.——, . . . , performed one of the most delicate and difficult surgical operations that the medical fraternity are seldom called on to perform. For some time Miss—— had had a tumorous growth in the stomach that has been carefully noted by Dr.——, and when he deemed the right time for a surgical operation to be performed informed Miss—— that only a most dangerous and difficult operation could save her life. The time arrived last week and the young lady bravely consented that the work might go on. Drs.—— and—— were called and a large tumor removed.—Scottville (Mich.) Enterprise, Dec. 16, 1909.

A Horrible Firey Swelling Spred.

Last Thursday evening . . . W. D. F. —— noticed a slight sore on the second finger of his right hand, . . . it gradually grew worse and until by Friday evening his hand was badly swollen and was gradually swelling up the arm. The red danger signal of blood poison began to show and a strip an inch and a half wide and of a firey inflamed color pushed its horoble course to the shoulder, while numerous small branches began to shoot from it. Billy was suffering greatly and his fever run up to 103. Dr. —— was summoned and his skill soon arrested the spred of the poison, and he soon began to feel easier and by Sunday morning he was able to be out of bed. —Standard (Neb.) Guage, April 22, 1909.

Made Him Ill to be Threatened.

Dr.—— is quite ill of a threatened attack of fever.—Pikeville news, Ashland (Ky.) Independent, June 9, 1909.

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Open Meetings of County, District and Other Local Medical Societies.—(Extract from the minutes of the House of Delegates of the American Medical Association, Atlantic City, N. J., June 10, 1909.)

Whereas, The American Medical Association, not only as one of its declared purposes, but by numerous lines of activity, many of them connected with the Section on Hygiene and Sanitary Science, stands committed to the education of the public with respect to the nature and prevention of disease; and,

Whereas, The demand for such popular education with respect to tuberculosis, cancer, typhoid fever and other decimating diseases has become urgent; therefore, be it

Resolved, That all county, district and other local medical

societies be, and they are hereby, requested to hold annually one or more open meetings to which the public shall be invited to attend and participate and which shall be devoted to a discussion of the nature and prevention of disease and to the general hygienic welfare of the people.

It was moved that the resolution be adopted. Seconded and carried unanimously.

GEORGE W. SIMMONS.

General Secretary American Medical Association.

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Dr. H. F. Hyndman will locate in Wellington, June 1, 1910.

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Dr. G. D. Pendell has rented an office and located in Wellington. He will confine his work to electricity, X-Ray, etc., exclusively.

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The Wellington Commercial Club soliciting committee raised \$10,000 in seven days for a hospital which is to be the property of Bishop Frank Millsbaugh and his successors to office. Three thousand dollars of the above amount was subscribed by the Sumner County Physicians.

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Dr. Wm. Martin of Wellington, is doing post-graduate work in New York.

Dr. H. A. Vincent, of Perth, Kansas, is sojourning in Florida for health's sake, and his practice is being cared for by Dr. J. O. Dingus.

Dr. Clark has located in Belle Plaine, Kansas.

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SOCIETY NOTES.

THE KANSAS MEDICAL SOCIETY WILL MEET AT TOPEKA, MAY 4, 5, 6.

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The Missouri State Medical Society will hold its annual meeting at Hannibal, May 3, 4 and 5, 1910.

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The American Proctological Society will hold its next meeting at Planters Hotel, St. Louis, June 6 and 7, 1910. Dr. Lewis H. Adler, 1610 Arch Street, Philadelphia, is the secretary.

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The Wyandotte County Medical Society at its regular semi-monthly meeting, held the following program: Dysentery, Dr. W. H. Walker; Selected Subject, Dr. E. M. Hetherington.

Parsons, Kansas, February 24, 1910.

The Labette County Medical Society met in the parlor of the Matthewson Hotel, Parsons, last evening. After the business meeting, the following clinical cases were reported:

Dr. Maser reported a cataract operation on a man 86 years of age. The case is unique on account of the advanced age of the patient. Dr. Boardman reported a case of meningitis in a child of two years, with projectile vomiting, retracted head, shrill cry, etc., Dr. Vaughn reported a case of peculiar spasm of the head and arms with partial loss of consciousness. A diagnosis of probable hysteria was made. Dr. Perry reported a case of traumatic hysteria in which the patient was bedfast but made a good recovery under appropriate treatment.

Dr. Perry conducted a quiz on the brain and its diseases, demonstrating the various functional areas and the cranial nerves from a specimen.

O. S. HUBBARD, Sec'y.

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The Northeast Kansas Medical Society held its annual meeting at Lawrence Kansas, Feb. 10. The meeting was one of the most successful in the society's history—more than 60 members being present. The afternoon session was held in Snow hall at the University. Chancellor Strong delivered the address of welcome. The following program was then given: President's address "What Shall We Do To Be Saved?"—A Plea for Medical Solidarity, Dr. O. P. Davis; Embryological Beginnings of Teratomata, Dr. C. E. McClung; Laboratory Methods Accessible to the Clinician, Dr. E. H. Schorer; Contagious Diseases and Their Management, Dr. Henry B. Miller; Obstructed Nasal Respiration and Its Effects, Dr. H. L. Alkire; Eye Trouble of School Children, C. L. Williams; Gynecology, Dr. J. C. Shaw; Location of State Sanitarium for Tuberculosis, Dr. M. A. Barber; Gonorrhoea, Its Relation to the Public Health, and Prophylaxis, Dr. S. G. Zinke. The society was the guest of the Douglas County Society at a 6 o'clock dinner, given at the Eldridge Hotel. The meeting in October will be held at Leavenworth. The following officers were elected: President, Dr. James W. May, Kansas City; Vice-President, Dr. E. J. Blair, Lawrence, Secy-Treas., Dr. H. L. Chambers, Lawrence, re-elected.

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Medical Society of the Missouri Valley.—Physicians of the Missouri Valley are anticipating with pleasure the twenty-second semi-annual meeting of this society, to be held at Omaha, Thursday

and Friday, March 17 and 18, under the presidency of Dr. A. B. Somers, Invitations have been sent to a number of men of national reputation, as well as to the presidents of all the State societies, within the province of this association. A number of applications have been received by the secretary for places on the program, and the interest in this meeting is already widespread.

The Oration on Surgery will be delivered by Dr. Leonard Freeman, of Denver, president of the Colorado State Medical Society. His subject, "Local Anesthesia," is a particularly timely one.

The Oration on Medicine will be delivered by Dr. Frank Parsons Norbury, Superintendent of the Illinois State Hospital for the Insane, at Kankakee, Illinois, the subject to be announced later.

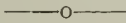
The arrangements are under the auspices of the Omaha-Douglas County Medical Society, and a committee has been appointed, with Dr. John E. Sumners as chairman, which alone insures a cordial welcome.

Members of the association desiring to present papers at this meeting will kindly send their titles to the secretary at once. Abstracts of papers must be furnished by February 20, to insure a place on the program.

If you are not a member of this progressive society, send in your application at once to the secretary. Meetings in September and March of each year. Annual dues two dollars.

A cordial invitation is extended to the medical profession.

CHARLES WOOD FASSETT, Sec'y.
St. Joseph, Mo.



The Rice County Medical Society held an open meeting in the interests of public health, in the M. E. Church, at Lyons, Thursday evening, Jan. 27. Nearly two hundred people were present, which is the largest attendance at a meeting of this character the society has ever had.

Mr. Junkin not being able to be present, his paper was read by the secretary, the subject being, "The Relationship of the Press to Public Health." Mr. Junkin showed in many ways how the press was an important educator on public health questions, giving the cause of disease and the corresponding preventive measures, leading in matters of sanitation. "Doctors of today find intelligence as an handmaid in every household where formerly ignorance stood as a menace to their work of mercy. The newspaper has been largely responsible for the change."

In opening the discussion, Dr. Currie told of appropriations by our state legislature for the stamping out of hog cholera, but its failure to provide for the poor consumptive. He also criticized the Church papers for their advertisements of patent medicines and quack nostrums.

Prof. W. S. Higgs, our worthy county Superintendent gave an excellent paper on, "School Hygiene and Medical Inspection of Public Schools." Among other good things, he emphasized the following points: Every schoolhouse "should be properly constructed, under supervision of a sanitary officer, as to light, heating ventilation, drainage and seating. There should be at least 30 sq. ft. of play ground for each child.

Physical inspection of pupils should be made and defects of sight, hearing or speech noted and corrected. Contagious diseases could be largely eliminated with proper care. Compulsory vaccination should be carried out. The drinking fountain and the individual cup is a step in the right direction.

Dr. Marion Trueheart in opening the discussion emphasized some of the points already given and said that neglected physical defects in the pupil often meant for them failure in life. We have a duty in this line that we are not performing, both as parents, public spirited citizens and as physicians. Money spent in looking after the welfare of school children is not only a humanitarian principle, but one of economics as well. We sometimes spend more money in looking to the good care of our stock, than for our children.

Dr. Crumbine, the Secretary of the State Board of Health, was present and we hope to be able to see his paper given in full in the Journal soon. His topic was, "The Pollution of Underground Waters," and was handled in his usual thorough going style. He told of the many ways of soil and water contamination and its meaning to public health and of the care needed to prevent these conditions. The "Unheavenly Twins" are the privy vault and the shallow well. He showed in an impressive way, the great economic waste, to the individual, the community, the municipality, the state and the country in general, by carelessness in matters of sanitation. Theoretically the farm should be the most healthful place but practically it is not so. The farmer must pay more attention to sanitation also.

Hook worm and many other diseases are National Questions. He said the state of Kansas has a great responsibility to perform in the care of its school children. He complimented The Rice County Society in its work of this character for the public good and

suggested "Insects and Insect Carriers of Disease" as a topic for an evenings discussion. This suggestion may be carried out later in the year.

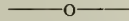
Dr. Chas. Fischer opened the discussion emphasizing the importance of different points in sanitation.

Several in the audience took part in the discussion, among them Mr. Sam Jones, who enlivened the meeting by his witty remarks and some dabs at the doctors and newspapers.

The society feels well repaid for its effort put forth and we believe it will result in good and a similar meeting will be held elsewhere in the county in the future.

The society wishes to express to Dr. Crumbine their thanks for his efficient help in this work.

H. R. ROSS, Sec'y.



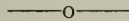
Sterling, Kansas, Feb. 7, 1910.

To The Kansas Medical Journal:—

The Rice County Medical Society at its annual business meeting in December elected the following officers for the year 1910. President Dr. D. T. Muir, Alden; Vice-President Dr. F. E. Wallace, Chase; Secretary-Treasurer Dr. H. R. Ross, Sterling; Censor for three years, Dr. L. E. Vermillion, Lyons; Delegate to the state society for 1910, Dr. M. Trueheart, Sterling; Dr. Chas. E. Fisher of Lyons was chosen to represent the society at the state meeting in May and read a paper.

The society is following the post-graduate course as outlined by the A. M. A. and is in a thrifty condition.

H. R. ROSS, Secretary.



Salina, Kansas, Feb. 1, 1910.

Editor Kansas Medical Journal:

The Saline County Medical Society met in the offices of Dr. Anderson, in Salina, on the evening of Jan. 13. The clergy of Salina had been invited to this meeting, and a goodly number were present. The paper of the evening was one on "Psychotherapy" by Rev. James Marcus Newton. This was one of the most scholarly papers ever read before this society. Dr. Newton is specially prepared to treat this subject in an interesting as well as in a practical way. He has been a student of Prof. James of Harvard and has done Emmanuel work with Drs. Worchester, McComb and, Coriat of Boston.

The following is a very condensed outline of Rev. Newton's lecture on "Psychotherapy":

I. Conditions of scholarship—open mindedness and unbiased judgements.

II. Modern Psychological pronouncements—how they are received.

III. Review of the philosophic evolution which resulted in Absolute Idealism—The present philosophic status.—Beginnings of a philosophic revolution—"Pragmatism," as championed by Professors James Dewey and Pierce, and its message.—Its method scientific rather than metaphysical.

IV. Christian Science.—Its genesis, and some of the mental factors that make for its success.—Its metaphysical tenets.

V. The Emmanuel Movement.—Its consistency with Medical Ethics.—Its restriction to functional neuroses.

VI. Mind and its two-foldness—the conscious and the subconscious.—Power of the conscious mind over the body.—of the subconscious mind.—Functional nervous disorders, their causes, and the psychotherapist's suggestions on treatment.—Concrete examples—power of systematic suggestion.—Final conclusions.

L. O. NORDSTROM, Sec'y.

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The Clay county Medical Society met in regular session at Clay Center, March 9. The following program was given: "The Relation of Physician and Surgeon"; Dr. H. C. Crowell, Kansas City, Mo; Lenkemia with Treatment by the X-Ray and the Report of a Case, Dr. Martha M. Bacon, Kansas City; "Hydrophobia" Dr. S. S. Glasscock, Kansas City.

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Wilson, Kansas Feb. 28, 1910.

Secretary of Kansas Medical Society:

Dear Sir:—

On February 18, 1910 a number of the representative physicians of Ellsworth, Russell and Ellis Counties, met in Ellsworth, for the purpose of forming a local Medical Society, this Society to be known as the Central Kansas Medical Society, which was duly formed, with the election of the following officers: H. Z. Hissem, President, Ellsworth; J. H. Catudal, Vice-Pres. Hays; A. E. O'Donnell, Secretary, Wilson; C. D. Blake, Treasurer, Ellis; G. A. Keerber, Censor 3 years, Russell; Albert Silverstein, Censor 2 years, Hays; J. M. Downs, Censor 1 year, Ellsworth.

The following is a list of members to date: H. Z. Hissem, Ellsworth; H. C. Mayer, Ellsworth; Alfred O'Donnell, Ellsworth;

J. M. Downs, Ellsworth; Arthur Bowles, Ellsworth; Carl J. Gramm, Lorraine; John H. Gainey, Wilson; A. E. O'Donnell, Wilson; G. A. Keerber, Russell; J. U. Catudal, Hays; Albert Silverstein, Hays; C. D. Blake, Ellis.

I herewith make application for charter for the Central Kansas Medical Society, and enclose order on the Treasurer for \$22.00 dues to state society, for all the above members with the exception of Dr. H. Z. Hissem. whose dues to the state society are already paid. Kindly acknowledge receipt of same, and forward charter.

yours fraternally,

ARTHUR E. O'DONNELL, Secretary.

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Wellington, Kansas, 3-4, 1910.

At an open or public meeting, given under the auspices of the Sumner County Medical Society, Dr. S. J. Crumbine, Secretary of the Kansas State Board of Health, delivered an address on the subject of "Water and Soil Pollution."

The meeting was attended by an enthusiastic audience and, various public health questions were discussed by members of the Society, Ex-Judge, W. T. McBride, Senator, Geo. Hunter, and other prominent laymen present.

The following resolution was given unanimous approval:

"Resolved, That it be the sense of this meeting that our representatives and senators in congress, be, and are, hereby, requested by the people of Sumner County to use their prerogatives and votes to support the establishment of a National Bureau of Public Health, with such financial support and authority as will enable it to render efficient service in all public health measures and activities throughout the U. S. and its territories.

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Communications.

Concordia, Kansas, February 24, 1910.

Editor of Kansas Medical Journal,

Dear Sir:—

In reading an interesting report of one of the medical societies in the Kansas Medical Journal for February, I noticed the reporter used the word "Allopathic." That word "jars" me. The regular physicians have always repudiated that name, applied to them years since by the Homeopaths. There are no allopaths today and probably never were any. What the regular physicians have aimed at is scientific medicine without any name or pathy. Considering the progress of the profession in the past

few years, we have good reason to hope that ere long there will be no different schools of medicine, that all will be working together for the cure of diseases on a purely scientific basis. Hasten the day.

W. F. SAWHILL, M. D.

The point is well taken. In the future we should take care not to use the misnomer that has been handed us by the Homeopaths.

EDITOR.

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CLINICAL NOTES

In the use of massage in the treatment of fractures, the manipulations should at first be of the gentlest character—"little more than a caress." Later more forcible pressure may be made, but never to the point of causing pain.—International Journal Surgery.

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Tenderness of the nipple generally precedes the formation of fissures or excoriations during lactation, and if present, the intervals between nursing should be increased and the child left at the breast for only a few minutes, until the secretion is fully established.—International Journal Surgery.

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Medical Treatment of Ingrowing Nails.—Free application of dried powdered alum is sufficient to cure every case of ingrowing nail in about five days. The applications are never painful in the least, and the destruction of the pathologic tissue results in the formation of a hard, resistant and non-sensitive bed for the nail, a perfect cure for the ingrowing tendency. The non-toxicity of the alum, its easy application, and the good results render it the treatment of choice for cases in which surgical intervention is not contemplated. A fomentation of soap and water is applied for twenty-four hours beforehand, and then the alum is applied in the space between the nail and its bed, tamponing with cotton to keep the alum in place, and repeating the application daily. The suppuration rapidly dries up, and pain and discomfort are relieved almost at once.—Exchange.

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Pineapple As A Medicine.—"The medical value of pineapple has recently (Southern California Practitioner) been the subject of considerable inquiry among physicians, and in Hawaii experiments have been made to determine something of these properties. It has been found that the fruit of the pineapple contains

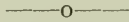
a digestive principle closely resembling pepsin in its action, and to this is probably due the beneficial results of the use of the fruit in certain forms of dyspepsia. On the casein of milk pineapple juice acts as a digestive in almost the same manner as rennet, and the action is also well illustrated by placing a thin piece of uncooked beef between two slices of fresh pineapple, where in the course of a few hours its character is completely changed.

"In diphtheritic sore throat and croup pineapple juice has come to be very largely relied upon in countries where the fruit is common. The false membranes which cause the closing of the throat seem to be dissolved by the fruit acids, and relief is almost immediate."—American Medicine.

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Nitrous-Oxid-Oxygen Anesthesia.—W. D. Gatch, Baltimore (Journal A. M. A., March 5), gives the results of a trial of nitrous-oxid-oxygen anesthesia with a simple sterilizable apparatus, economical in gases and inexpensive. In order to assure economy he made special research into the effects of rebreathing, with the view of determining how far it might be permitted. In his apparatus waste of gas is prevented by a mask provided with a rubber cuff fitting around the face. He at first adhered to a rule of allowing rebreathing for only about sixteen respirations, as he feared that too high a percentage of carbon dioxid would be injurious. But later he has been less particular as regards this point, as he found that rebreathing to a moderate degree was harmless and in many cases beneficial. It causes increased depth of respiration, slowing of the pulse, a rise of blood pressure, and of temperature, and it seems probable that all but the last of these results are attributable to the action of carbon dioxid. There is evidence, also, that surgical shock, in the absence of hemorrhage, may be caused in part by excessive pulmonary ventilation. It is unnecessary, he says, to measure the percentage of oxygen given. He has given nitrous oxid with oxygen by the method of rebreathing, without mishap, to about seven hundred patients. Vomiting is not a cause of trouble when the patient has been properly prepared for operation, but at the first sign of retching the mask is to be removed. As the patient regains consciousness quickly, he is not likely to aspirate vomitus. For an adult man rebreathing can be permitted for two-minute intervals, and for three-minute intervals for women and children. In certain cases, the ether-nitrous-oxid sequence is advisable to avoid a disagreeable degree of cyanosis. Ether should never be given for long periods by the mask, and chloroform never.

Laryngeal Diphtheria.—C. H. Shutt, St. Louis, (Journal A. M. A., February 5), thinks that non-instrumental methods are worthy of more frequent trial, at least in hospital practice, in cases of laryngeal diphtheria with only slowly increasing dyspnea, only moderate exhaustion, and slight cyanosis. The local measures consist chiefly in inhalations, securing of favorable surroundings and perhaps in the induction of vomiting to aid in removing loosened membranes. General medical treatment consisting of antitoxin and stimulation as needed, cathartics, diuretics, etc., should be employed as in pharyngeal diphtheria. Antitoxin should be employed in all cases and as early as possible, and he prefers moderate sized doses repeated every four to six hours as more effective and less depressing than massive ones. When the patient is very weak, toxic or much cyanosed, surgical or mechanical measures are indicated and the choice is between intubation and tracheotomy. The author's conclusions are as follows: "Physicians should be prepared and expect to treat laryngeal diphtheria which usually presents as an emergency. Although possessing intubation instruments, the physician may find himself without them in an emergency and be compelled to attempt tracheotomy. Non-instrumental methods of relief are worthy of more frequent trial, especially in institutional work and in those cases in which dyspnea is increasing slowly, exhaustion is moderate, cyanosis is not severe and the surroundings are favorable. Intubation may be performed in cases in which the symptoms indicate recent and closely adherent membranes. It should be employed only when intelligent nursing may be had and when the physician is within easy reach. Every physician should be familiar with the technic of tracheotomy. The cadaver or lower animal may furnish opportunities in this direction. Tracheotomy may be more easily and safely performed by using the tenaculum hook for tension on the trachea, as described above, and by placing the patient in the position illustrated."



QUININE AND UREA HYDROCHLORIDE AS A LOCAL ANESTHETIC.

In the Journal of the American Medical Association of October 23, 1909, Brewster, Rogers, and Hertzler state that any operation ordinarily done with cocaine can be done with quinine. The technique of its use is the same. As in the use of cocaine, only those tissues known to be sensitive should be injected. In clean tissue the $\frac{2}{3}$ per cent solution seems to be strong enough to produce anesthesia lasting several hours. In regions where primary

union is not necessary, particularly in tissue the seat of inflammatory reaction, the stronger solutions are more satisfactory. In the opening of abscesses, for instance, and operations for anal fistulas, hemorrhoids, etc., the stronger solutions are the ones of choice. In region in which operation is attended by hemorrhage, too, notably tonsillectomy, turbinectomy, etc., the 1-per-cent solution, or stronger (3-per-cent, Brown), is the solution of choice. The stronger solution is desirable here because of the hemostatic effect exercised by the fibrinous exudate. The exudate being fibrin in the strict chemical sense, the usual natural processes of hemostasis are anticipated. The coagulum occurs, it is true, about and not in the vessels, and their occlusion, therefore, results from pressure without. The important point, however, is that the effect lasts from seven to fourteen days, a time abundantly sufficient to allow healing by granulation to become well advanced. This is in marked contrast to the ephemeral influence of cocaine and adrenalin, which act only by causing a contraction of the muscular walls of the blood-vessels.

The authors have done the following operations, among others, under quinine anesthesia: drainage of the gall-bladder, drainage of appendiceal abscesses, exploration laparotomies, hernias, castration, varicocele and hydrocele operations, etc., and the removal of all sorts of tumors ordinarily undertaken under cocaine.

They desire particularly to emphasize the value of this anesthetic in two operations. In operations about the anus it is for them, they assert, the anesthetic of choice. In both fistular and hemorrhoids, any of the radical operations can be performed with the same thoroughness as under a general anesthetic. The advantage consists in that the duration of the anesthetic is from seven to ten days, which does away entirely with the after-pain ordinarily attending these operations. In tonsillectomy the results have been equally satisfactory. For this operation a large amount of the solution is injected about the tonsil between it and the faucial pillars. This forms an artificial edema about the tonsil which facilitates its removal. An unlimited amount of solution may be used with impunity, so that a satisfactory anesthesia can be easily secured. Because of its safety both tonsils may be operated on at one sitting. The absence of afterpain is as desirable here as following an operation about the anus.

As a local application about the eye the writers state they have no experience, but turbinectomies and septal spur operations have been done with a fair degree of satisfaction when the drug was used as a topical application. For local application the

strength must be from 10 to 20 per cent, as correctly stated by Thibault. When the solution is injected beneath the mucosa, however, anesthesia is perfect and hemorrhage slight. It is interesting to note that Fulton used quinine as a local application to the nose in hay-fever.

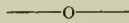
In the bladder, as a preliminary to cystoscopy the result has been very satisfactory. A solution of from 10 to 20 per cent is used and allowed to remain from twenty to thirty minutes. The only objection to this solution is the difficulty of removing the precipitated flocculi from the bladder after the anesthesia is complete. These flocculi work no further mischief than to obscure the vision.

The chemical used is the quinine and urea hydrochloride. For extensive operations about the rectum and throat two 2-grain tablets are dissolved in an ounce of plain sterile water. An ordinary glass hypodermic syringe is used. In cases in which relatively short anesthesia only is required, and in which prompt union of the severed surfaces is desired, a $\frac{2}{3}$ -per-cent solution seems to be the solution of choice. It is unnecessary to distend the tissue. The fluid should be injected slowly under light pressure into the area to be anesthetized. The production of edema is unnecessary and should be avoided except in cases in which edema facilitates technique (tonsillectomy, removal of encapsulated tumors.) Those who have a finished technique in the use of other local anesthetics will experience no difficulty in the use of quinine.

The advantages of this anesthetic over cocaine and its congeners are as follows:

1. Its absolute safety. One of the writers (Brewster) has used as much as 100 grains intravenously in six hours in pernicious malaria with the recovery of the patient.
2. The duration of the anesthesia. The after-pain in certain wounds is avoided.
3. The hemostatic effect.

—The Therapeutic Gazette.



Meltzer's sign—pain on active flexion of the hip, with the knee extended, while the examiner presses firmly down over McBurney's point—is a most valuable corroborative evidence of appendicitis. It is not intended for cases in which abscess is palpably present.—*American Journal of Surgery.*

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KANSAS CITY, KANSAS, APRIL, 1910.

No. 4

REPORT OF TWO CASES OF FRACTURE TREATED BY THE LANE METHOD AT ST. MARY'S HOSPITAL.

DR. E. M. HETHERINGTON, Kansas City, Mo.

Read before the Wyandotte County Medical Society March 1, 1910.

Technique of operation:—

Perfect asepsis must be maintained throughout the operation,

Preparation of Patient:—

Field of operation should be thoroughly scrubbed twelve hours before time of operation and green soap poultice applied for twelve hours, scrubbing the field again before operating, wash with tincture of iodine, alcohol and tincture of iodine again. Hands must be gloved.

The incision made, care must be taken not to touch the wound with anything other than instruments and gauze for sponging, the gauze being held in a forcep; sterile towels should be either stitched or fastened to edge of wound by instruments to prevent anything touching skin and then coming in contact with the wound. The bone is held in place by the use of bone instruments advised by Doctor Lane, the splint applied by the use of instruments and the wound closed without drainage except in originally compound fractures; in such cases, drainage is always necessary. The splints are made of either German silver or steel and ordinary screws are used; splints are left permanently in most cases, causing no trouble whatever.

Case 1. Joseph S. Age 22 yrs. R. R. employee, Oklahoma City.

Case of a compound, comminuted, multiple fracture of tibia and fibula, lower third; was treated for three months by local physicians—method unknown—was referred to me on or about July 1, 1909.

The wound was open in two places, discharging pus; x-ray picture was taken, figure 1. Patient was anesthetized, incisions made on either side of leg at seat of fracture; about four inches of bone was resected, the fresh ends were then put in correct apposition and one Lane splint applied on tibia.

Two screws below fracture and two above; the wound was closed except a small opening for drainage, the leg was then put in wire splint from knee down; dressing consisted of irrigation with solution of lysol once daily until granulation was complete at the



PLATE I.

Radiograph by O. H. McCandless, M. D., Argyle Bldg., Kansas City, Mo.

end of ten weeks except a small sinus which continued to drain for two weeks longer, when splint was removed, taking same precaution as in applying same. Picture was again taken (see plate ii). Plaster cast was applied with window over seat of sinus. Three weeks later wound was closed and patient discharged from hospital. Other than the three inches of shortening there was perfect use of the limb with full motion of the ankle joint.

Case 2. Mr. N. married, age 42 years., contractor, Kansas City, Mo.,

Simple, oblique fracture of middle third of tibia of left leg with about two inches of shortening.

Incision was made in anterior part of leg, fracture reduced by means of simple traction, ends of bone held in place by special for-

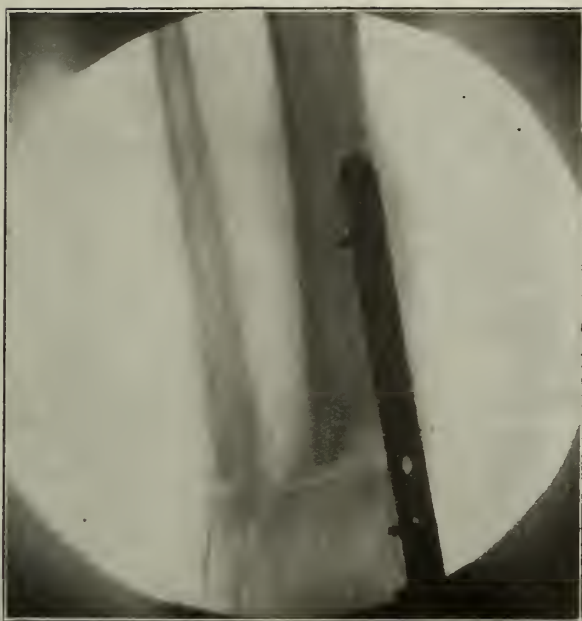


PLATE II.

Radiograph by O. H. McCandless, M. D., Argyle Bldg., Kansas City, Mo.



PLATE I. CASE 2.

Radiograph by O. H. McCandless, M. D., Argyle Bldg., Kansas City, Mo.

ceps, and one Lane splint applied. Incision was closed without drainage, heavy plaster cast was applied and leg elevated. On second day window was cut in cast over incision and wound dressed with sterile gauze only. At the end of two weeks patient was dismissed from the hospital bearing part of the body weight on fractured leg without pain. The splint was not disturbed. See figure 1, case 2. There was no shortening whatever.

—o—

LEUKEMIA—WITH TREATMENT BY THE X-RAY AND REPORT OF A CASE.

MARTHA M. BACON, M. D., Kansas City, Kansas.

Read before the Clay County Medical Society at Clay Center on March 9, 1910.

Leukemia is a disease of the blood and the blood making organs, characterized by hyperleucocytosis, a proportionate reduction in both the hæmoglobin and red blood cells, the occurrence of nucleated erythrocytes, and the presence of myelocytes, together with enlargement of the liver, spleen, and lymphatic glands. That the bone marrow is the primary seat of the disease is, I believe, the most generally accepted view at the present time.

The medulla of the bones is either soft and yellow, like pus, or, more commonly, firm and pink. In either case, the fat of the adult marrow is replaced by a cellular substance in which are found myelocytes, with nucleated red corpuscles of various sizes, giant cells, and degenerated red cells.

The liver is uniformly large, pale and smooth, presenting obvious changes. The portal tracts are wider than normal, and infiltrated with leucocytes. There may be fatty degeneration and atrophy of the liver cells, while hemorrhages may occur beneath the capsule of the organ.

The kidneys present changes similar to those seen in the liver. In the heart there is often fatty degeneration of the muscular fibers, and endocarditis and pericarditis may be among the terminal events of the disease.

The lungs may present changes of bronchitis, or oedema, and the pleural cavity frequently contains dropsical or inflammatory exudate.

In the brain hemorrhages constitute the most frequent pathological change.

The etiology of leukemia is obscure, but deficient hygienic conditions, disturbances of pregnancy, and the climacteric have been thought to have some influence.

In many cases, malarial fever has been an antecedent.

Leukemia is one of the few diseases in which a diagnosis may be made by the microscopic examination of the blood alone.

Two varieties of the disease are recognized; the spleno-medullary and the lymphatic, yet it must be admitted that the two forms do not stand sharply apart from one another.

The spleno-medullary is the most common type, is found more frequently in males, and may occur at any period in life, but is most often seen between the ages of thirty and forty years. I found one case reported at six months.

The symptoms in both forms of leukemia are very similar. The onset is insidious. The patient may suffer from languor, weakness, and loss of flesh for months, before the increased size of the abdomen leads to an examination and a correct diagnosis of the condition.

The temperature may remain normal, or periods of pyrexia may alternate with others during which there is little or no elevation of temperature. The pulse may be rapid, with enfeebled heart action. Epistaxis, dyspnoea, cough, vomiting, and diarrhœa may be present. A waxy appearance of the skin, and the mucous membranes, indicating a profound anemia, is characteristic of the affection.

The duration of spleno-medullary leukemia is from six months to seven years, the average being about two years, but the uncertainty as to the time of actual commencement must always be considered.

The pathology of the condition is still obscure, but it is certain that the disease is not primarily and solely a disorder of the spleen. It is believed that the myelocytes give origin to the polymorphonuclear granular leucocytes, and the unusual occurrence of the former in the blood, together with an increase of the latter, point to an undue proliferation and growth or disease of the marrow cells.

The enormous size of the spleen may be due to the accumulation of leucocytes in great numbers, for the purpose of destruction in the organ, with consequent tissue changes of a hypertrophic nature. The relation between the spleen and the amount of leucocythæmia present, especially in the early stages of the disease, may be explained by the theory that the spleen takes care of the leucocytes when only a slight degree of leukemia is present until the organ becomes overloaded, then the corpuscles must accumulate in the blood stream. There is nothing in the etiological factors that explains the lesions in the bone marrow.

The diagnosis of spleno-medullary leukemia rests on the enlargement of the spleen, and on the presence in the blood of granu-

lar leucocytes, myelocytes, and greatly increased numbers of polymorphonuclear and eosinophilic cells.

Myelocytes may be found in the early stages of the disease, when the number of leucocytes per cubic millimeter is no greater than in a leucocytosis resulting from ordinary causes. In the lymphatic form of the affection the increase in white cells is due to a lymphocytosis.

The association of enlargement of the lymphatic glands and of the blood forming organ, together with the increased growth of adenomatous tissue throughout the body, and the condition of the blood, suggests a picture altogether analogous to that of new growth in all of the lymphatic structures, and I believe that leukemia is closely related to malignant disease, probably sarcoma of the white corpuscles.

The prognosis in leukemia is generally considered as absolutely unfavorable. Under proper treatment, the course of the disease may be delayed, however, in some instances for considerable periods of time.

Before the introduction of the x-ray, the internal administration of arsenic combined with a diet rich in nitrogen, together with the relief of certain symptoms, constituted the most satisfactory line of treatment at our disposal.

The x-ray was first employed for the relief of this condition in 1902, and since that time has been widely used and as a rule is very favorably regarded.

The basis of this treatment is the knowledge that the rays have a markedly destructive action upon leucocytes, especially the mononuclear forms, and upon myelocytes, and this results in the production of a leucolytic substance which is capable of destroying other leucocytes.

Usually, the x-rays are applied to the spleen or to the enlarged lymph glands, the time and frequency of the application varying. Some operators prefer to give brief exposures, and repeat them every day or every second day until a reaction is secured, while others employ prolonged applications, with longer intervening periods of rest.

After a thorough trial of the method of treatment outlined and advocated by Stengel and Pancoast, of Philadelphia, I am fully convinced that the use of the rays along the shafts of the long bones, avoiding until late, or even altogether, the spleen, is the most scientific procedure, and offers the greatest hope of success. Marked improvement usually follows this plan of treat-

ment, but absolute recovery is doubtful, although a few apparent cures have been reported.

At any rate, relief and diminution of symptoms are secured, the spleen is reduced in size, the number of white cells is lowered, and the general condition of the patient is much improved. The earlier the treatment is instituted the more pronounced is the action.

The principal danger to be guarded against is autointoxication, due to the sudden liberation of the disintegration products of proteid matter.

Recurrence of symptoms eventually takes place, as a rule, but a fatal issue may often be postponed for several months or even a year or more.

In the case which I shall report the rays were applied first to the lower half of one leg, the rest of the body being carefully protected from the action of the ray. The next day the upper half of the limb was treated, thus taking only one part of the body each day.

Twelve minute exposures were given daily, except Sunday, from one to two milliamperes of current and a moderately hard tube being employed.

My patient was a boy, ten years old, referred to me by Dr. D. O. Taylor, of Greeley, Kansas.

I first saw him on November 10, 1908. At that time the disease was already far advanced, The spleen almost filled the abdominal cavity, extending to a point below the pubes, and all of the classical symptoms of leukemia were present.

I could not find out exactly how long the condition had been present. The patient had visited Bethany Hospital in July, 1908. A comparison of the blood counts made at that time and in November showed that the disease had progressed during the interval.

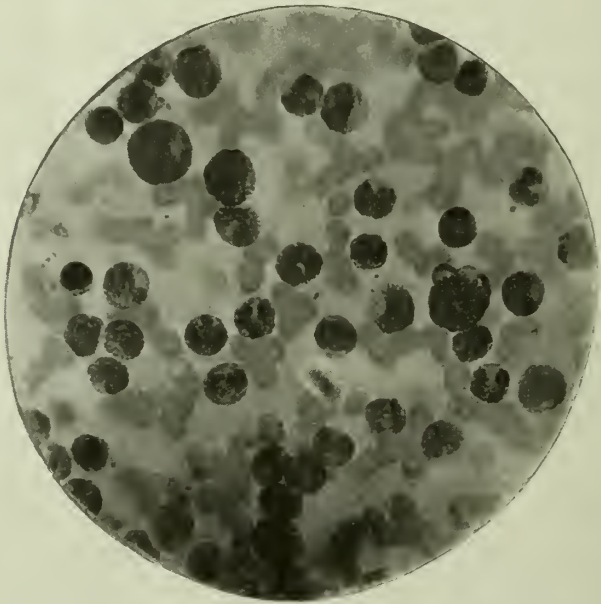
At the time he received his first treatment with the rays, a blood examination, made by Dr. Nesselrode, showed 502500 white cells per c. mm. A microphotograph of this blood specimen shows the proportion of the various cells present.

The patient then went home and remained for one week, when he returned for his treatments which were continued daily until June 26, with periods of rest lasting but a few days at a time.

On November 17 the effect of the first treatment was shown in a decrease of the white cells to 19000 per c. mm. The temperature at this time was 101° F., and the pulse 114. Both were greatly improved under treatment, but never reached the normal.

Frequent blood counts were made. The leucocytosis was much higher immediately following a treatment. On March 12 the lowest number, 171000, was registered.

Beginning on April 1, they gradually increased, until 360600 was reached. The pulse and temperature remained about the same. The spleen decreased in size about two-thirds, but the lymphatic glands in the inguinal, axillary and cervical regions remained unchanged.



The last treatment was given on June 26, the temperature at time being 100.4 and the pulse 106.

The weather was very warm(this patient always felt better during the cooler months, a peculiarity which I have also noted in other cases of this affection), and it was thought best to take the boy home for a brief rest. While there, the bowel trouble, which had persisted more or less, became worse, and the patient did not return for further treatment until September 29. At that time the spleen was found to be smaller, and the pulse rate was reduced to 100, but the general condition was not good.

The patient returned home and, shortly afterward, contracted a severe cold, and had a prolonged attack of epistaxis. A large abscess developed on the left leg, and a dropsical condition became

manifest in the lower extremities. The intestinal trouble grew worse, and the little fellow died on October 28, 1909.

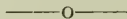
Like all similar cases it has been my fortune to treat, this one was practically hopeless when first seen, but I believe the results obtained more than justified the effort, and we may yet be able to offer a permanent cure by this method of treatment.

*I am indebted to Dr. R. L. Sutton, of Kansas City, Mo., for microphotographs of these preparations.

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In suturing a laparotomy wound in the right hypochondrium, remember that the vessel running near the round ligament may be punctured in the peritoneal suture. Its injury usually gives rise to very troublesome hemorrhage.—American Journal Surgery.

THE TREATMENT OF CHRONIC URETHRITIS BY VACCINES.

DR. OTTO B. KEIHL, Pittsburg, Kansas.

Read before the Cherokee County Medical Society, March 8, 1910.

Mr. Chairman and Gentlemen of the Cherokee County Medical Society. I am not unmindful of the honor conferred by your invitation extending to me the privilege and pleasure of calling your attention to some of the newer ideas by which we are endeavoring to combat the etiological factor in this, one of our most rebellious diseases. We are taking this method from the teachings of Sir A. E. Wright of London and shall term it the vaccine or bacterin therapy.

Vaccines or more strictly speaking bacterins are prepared in the following manner. A culture is made from the urethra and after incubating for 24 hours on some suitable media the growth thereon is compared with a stained smear made at the same time as the culture, to determine whether we have the same bacteria in both. If the cultures are satisfactory we wash the growth off in physiological salt solution and pour the suspension of living bacteria off into a small test tube which is then sealed. The next step is the process sterilization which is accomplished by heating the suspension in a water bath for a period of one hour at a temperature of 60 degrees Cent.

We now have the bacterial suspension sterile and ready to be transferred to a receptacle containing a definite quantity of sterile physiological salt solution to which has been added $\frac{1}{4}\%$ lysol for preserving. This container has a rubber cap through which the needle of a hypodermic syringe may be thrust, and the required dose drawn into the syringe. The amount of diluting fluid is governed by the character and amount of organisms we have.

The dosage of bacterins cannot be determined by any set rule but we must be governed by clinical conditions or the opsonic index if this be at all practicable. By the opsonic index we mean the comparative ratio established by the number of bacteria ingested by the leukocytes of patients blood and normal blood. When a dose is given, which may be done with an ordinary hypodermic syringe, we have after a few hours, a local reaction marked by a slight degree of tenderness at the site of injection and an area of redness surrounding the point of entrance of the needle. If the dose be excessive a decided reaction will follow manifested by elevation of temperature, aching and malaise. Within 12 hours

these manifestations disappear and no serious results follow. Of equal importance to the individual dose is the time elapsing between doses, for we have within a few hours after the exhibition of the bacterin the negative phase to consider wherein the opsonic index falls slightly and we have a slight rise in temperature with moderate malaise. This condition continues for a limited time and then we have the positive phase follow in which the opsonic index rises above the point where the injection was given and a feeling of general well being in our patient, especially if we have a rather pronounced negative phase.

In the long standing cases of urethritis, especially of those of more than 12 months duration, we seldom find the gonococcus present, but find the more common pus producing bacteria present such as staphylococci, pneumococci, colon bacilli, bacillus mucous capsulatus and very frequently a short unnamed bacillus. We may find any of these bacteria alone or a mixed infection as in any long standing suppurating condition.

When we encounter a mixed infection we make up the vaccine from the culture as though we had but one organism and after the treatment has been given for a time we make new cultures and continue with them as at first.

Many times we are compelled to make a series of vaccines in the badly mixed cases before we obtain the desired results. When the gonococcus is present we pursue a slightly different course inasmuch as the gonococcus will not grow on the ordinary culture media but requires a special media and a special technique.

Case Reports.

No. 1. John C., acute gonorrhoea two years ago for which he was treated. Discharge ceased and was absent for about one month when began again. Ordinary treatment continually by different physicians. First saw patient early in June '09.

Discharge profuse, showed staphylococci albus in smear and culture, treatment begun on June 10. After third injection of bacterin discharge ceased entirely but treatment was kept up for a period of seven weeks when the patient was injured in a R. R. accident and went to hospital. After a short stay in hospital returned to work as brakeman but had never had recurrence of discharge. On about October 1, returned saying "I went to the springs and while there this trouble returned." At this time there were all the symptoms of an acute gonorrhoea and cultures and smears showed almost a pure gonococcal infection. The ordinary treatment for acute gonorrhoea completely relieved him

in four weeks and at this time March 1, 1910, he is free from symptoms and the urine is free from shreds.

No. 2. Ben. P., Miner, Had acute gonorrhoea two years ago. Was treated six weeks when discharge ceased. Was married in two months afterward. Discharge began one week after marriage, and had continued profusely even under treatment. Saw patient first on May 10, 1909. Cultures and smears showed a staphylococcus aureus. Discharge ceased after the fourth injection but treatment was kept up for eight weeks longer. Urine free from shreds and cultures and smears negative. Saw patient on Feb. 26, 1910 and was free from trouble.

No. 3. Mr. E. E. M., Gambler. Had acute gonorrhoea in 1905 and was never free from a discharge. In 1907 had an epidymitis following the use of sounds and was in a hospital for a period of three weeks. Saw patient first on June 5, 1909. Discharge was very profuse and cultures and smears showed a profusion of staphylococci, both albus and aureus, and also a short bacillus. Vaccines were given until August 1., when the patient was discharged as well and has so remained up to this time.

No. 4. Mr. C. H. H., Butcher. History not definite but said he had had the trouble for a long time. Cultures and smears showed gonococci and staphylococci. Treatment began on November 1, 1909. Both gonococic and staphylococic bacterins were given until January 1, 1910., but the discharge had ceased and shreds disappeared from the the urine about December 15, 1909. He is free from trouble at this time.

No. 5. John P., Miner. Had acute gonorrhoea in January 1907 and was never free from discharge but was on continuous treatment. First saw patient in March 1909. Moderate discharge and cultures and smears showed a short bacillus. Bacterin treatment begun on March 12, 1909. Discharge ceased in the latter part of April but treatment was continued until June 1. Saw patient early in January 1910 and urine was free from pus or shreds.

The bacterins alone were used in all these cases and all the patients continued at their usual work during treatment.

I have under observation one patient now who I first saw May 20, 1909. He had a badly mixed infection and was a constant drinker. His treatment was discontinued in December 1909 but he has a small bead of mucinous discharge each morning. This condition has existed since October 1909, and has no tendency either to improve or retrogress. He indulges freely in alcoholics and venereal excesses but the condition remains the same.

HYPERKERATOSIS, LINGUALIS.

DR. FRÉDERICK W. SHAW, Kansas City, Kansas.

There are a number of cases reported in which the filiform papillæ of the tongue become elongated and black, the elongations giving the lesion a hairy appearance. Some others have been reported without the elongations.

The area of the disease, from the cases reported, is in front of the circumvallate papillæ forward toward the tip of the tongue and extending peripherally.

The case I report conforms to all the clinical symptoms of the reported cases accompanied by elongated papillæ.

J. B., male; widower, age 79; nativity—Scotland; occupation, merchant.

Family history negative.

Personal history: Had malaria fever during the civil war. For several years has had a tremor in both hands, and a tendency of having to walk rapidly to maintain his equilibrium. About three years ago his vision began to fail and in October 1907, a cataract was removed from the left eye.

Present condition: On July 31, 1908 the patient complained of being very thirsty and of having a sweet taste in his mouth. He also said that his mouth felt dry and his tongue thick. This condition, he told me, had been noticeable for about two weeks, but he had not mentioned it to me thinking it would disappear. On examination a black, hairy-looking coating was seen to be occupying the central part of the tongue from the circumvallate papillæ to within one inch of the tip. The area tapered forward from the position in front of the circumvallate papillæ; the width at that point being about one and one-half inches. The border was well defined and extending from this was a narrow area of a yellow color with a narrow grayish margin and with but a very slight elongation of the papillæ. The tongue, beneath the lesion, appeared to be thickened about one-sixteenth of an inch, but it was not dry; in fact the prolongations were so moist that they appeared slimy. The remainder of the tongue and mouth were normal. That this color was not due to medicines was very clear as he had been under my care in the hospital for six months and he had been given nothing but an occasional dose of salts.

With the aid of a probe the hair-like processes could be lifted erect and in that position a more remarkable likeness to hair was obtained, resembling the hair of the eye-lashes. By different authors their appearance has been likened to long tetrils, lashes,

seaweed, or hairs. They resemble the latter so much that they were suspected of being true hairy growths and received the term "Hairy Tongue." Lake (British Medical Journal, 1891, 2 p. 946) cited a case reported by Raynoud, in which it^{is} described as an area that looks like "a field of corn laid by wind and storm."

The papillæ could be removed readily by scraping lightly. The individual papillæ had a dark brown color, were tapering and varied from one-eighth to five-eighths of an inch in length.

The scrapings and papillæ were examined microscopically and besides the epithelial debris and numerous bacteria and fungi, I found two different organisms which were possible etiological factors. The one were masses of bodies that appeared as large irregularly oval or round semi-transparent organisms showing a faint gray color under the lens. The cells were unconnected with one another and they were not arranged in series. A few of them had small projections or buds. They agree in description, with the organisms found by several writers and very ably described by Gottheil in the April number, 1899, of the "Archives of Pediatrics." I did not succeed in getting this organism to grow on artificial culture media.

The other organism was a round spore-like body of a brown color. This organism was, very abundant in the scrapings and surrounded the papillæ, in areas, in a stratified manner. It can be cultivated artificially on glycerine-agar, on which the organism develops a dark brown color, then black, which stains the medium. The colonies are rounded, elevated, regular bordered and have a smooth slimy surface of a yellowish-white color turning to brown then black depending upon the age of the culture.

The organism stains well with all the aniline dyes. It is not doubly contoured, and some of them show small buds. It^{varies} in diameter from 5m. to 3m.

That either of the bodies causes the hyperkeratosis I will not say on account of the mouth being a rendezvous for bacteria and fungi, but it would appear from the microscopical findings and the cultures that the smaller body played a part, at least, in the production of the pigment.

The malady began to disappear on August 5, 1908, the disappearance beginning at the periphery with a change of color from black to yellow. The sclera and the complexion were clear throughout the course of the disease. No treatment was applied; the disappearance was spontaneous by exfoliation. The patient died on the 19 of August from mitral insufficiency at which time two small patches remained each about 3-8 of an inch in diameter.

THE JOURNAL

OF THE

Kansas Medical Society.

JAMES W. MAY, - - - - **EDITOR.**

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

Subscription Rates: \$2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1909, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

LIST OF OFFICERS.—President, O. J. Furst, Peabody; 1st Vice-President, F. F. Foncannon, Emporia; 2nd Vice-President, J. D. Walthall, Paola; 3rd Vice-President, J. P. Kaster, Topeka; Secretary, Chas. S. Huffman, Columbus; Treasurer, L. H. Munn, Topeka; Librarian, S. G. Stewart, Topeka.

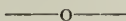
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EDITORIAL

Again the attention of the authors of papers for the annual meeting next month is called to the fact that the articles must be type-written. When one considers the number of medical terms that are totally unfamiliar to the printer it is plain to be seen that it is almost an impossibility to set up an article from written copy without a large number of glaring mistakes.

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Upon arriving at Topeka for the annual meeting the first thing that should be done is to register at the headquarters, Representative Hall, Capitol Building, with the Secretary. He will provide you with a badge and program, and the committee will direct you to a hotel. It is the earnest wish of the entertainment committee that the wives of the members be present. Again let us urge you to be present and take part in what promises to be the greatest meeting the Society has ever held.

SOCIETY NOTES.

PROGRAM OF THE MEETING OF THE KANSAS MEDICAL
SOCIETY.

Forty-Fourth Annual Meeting of the Kansas Medical Society.,
Will Be Held At

REPRESENTATIVE HALL, STATE CAPITOL, TOPEKA.

Wednesday, Thursday, Friday, May 4, 5 and 6, 1910.

The following arrangements have been made for entertain-
ment:

Wednesday.

Address of Welcome, by the Mayor of Topeka.

Response.

Visiting Ladies entertained by Topeka Federation of Club
Women.

Wednesday Evening.

Reception at Governor's Mansion.

Thursday Noon.

Men's Luncheon at Commercial Club Rooms.

Ladies' Luncheon at Hotel Throop.

Thursday P. M.

Ladies Reception at Hotel Throop.

Thursday Evening.

Majestic Theatre.

Auto ride for the ladies will be given one day during the meet-
ing.

Wednesday, May 4.

Meeting of Council 9 a. m.

Meeting of House of Delegates 10 a. m.

Reading Minutes of last meeting.

Report of officers, secretary, treasurer and councillors.

Report of standing Committees.

Report of Committee on Arrangements.

Report of Special Committees.

Unfinished Business.

New Business.

Arrangements have been made for hotel accomodations at
The National and Throop hotels.

No special railroad rate. Two cent fare prevails on all roads.

PROGRAM.

Paper—"Acute Nephritis, A Sequela of Tonsilitis", Dr. R. C. Harner, Green; Paper—"Is Insanity on the Increase", Dr. J. N. Hill, Osawatomie; Paper—"The Relation of the General Practitioner to the Specialist", Dr. G. W. Goss, Sedan; Paper—"An Appliance for the Treatment of Fractures of the Upper Third of the Humerus", Dr. L. J. Lyman, Manhattan; Paper—"Some Complications of Gonorrhoea," Dr. W. C. McDonnough, Topeka; Paper—"The Effects of Modern College Athletics on the Heart," Dr. W. E. McVey, Topeka; Paper—"Bier's Hyperæmic Treatment," Dr. N. C. Speer, Osawatomie; Paper—"History of Examinations for Life Insurance," Dr. J. W. Graybill, Newton; Paper—Dr. J. S. Shelley, Elmdale; Paper—Dr. W. C. Harkey, Gardner; Paper—"The Eye in Health and Disease," Dr. Chas. E. Fisher, Lyons; Paper—Dr. S. C. Emley, Lawrence; Paper—"The Railroad Car Privy as a Menace to Public Health in Kansas. A Suggested Remedy.," Dr. E. E. Haynes, Lewis; Paper—"Burns and Scalds," Dr. A. C. Dingus, Yates Center; Paper—"Acute Osteomyelitis of the Hip Joint," Dr. Wade Doster, St. Johns; Paper—"Etiological Factors in Children's Dysenteries," Dr. E. H. Schorer, Lawrence; Paper—"Cleft Palate," Dr. G. W. Jones, Lawrence; Paper—"The Present Status of Poliomyelitis Acuta," Dr. A. L. Skoog, Kansas City; Paper—"Dr. H. L. Snyder, Winfield; Paper—"Hook Worm," Dr. W. S. McDonald, Ft. Scott; Paper—"Dr. G. A. Blasdel, Garnett; Paper—Dr. Chas. E. Longacre, Westphalia; Paper—"X-Ray Therapy," Dr. Martha M. Bacon, Kansas City; Paper—Dr. T. F. Foncannon, Emporia; Paper—"Tuberculosis of the Kidney," Dr. S. G. Zinke, Leavenworth; Paper—"Pollution of Kansas Streams," Dr. J. L. Everhardy, Leavenworth; Paper—"The Relation of the Medical Profession to Medical Institutions," Dr. M. T. Sudler, Lawrence; Paper—"The Connection of the Physician and the Pharmaceutical House; Fixed Formulas, etc.," Dr. B. R. Riley, Benedict; Paper—"The Radical Cure of Inguinal Hernia," Dr. G. M. Gray, Kansas City; Paper—"Scirrhus Carcinoma of the Stomach, With Report of a Case," Dr. B. M. Barnett, Rosedale; Paper—"The Use of Tuberculin in the Diagnosis of Tuberculosis," Dr. M. A. Barber, Rosedale; Paper—"Hydrophobia," Dr. S. S. Glasscock, Kansas City; Paper—"Cancer of the Uterus," Dr. O. D. Walker, Salina; Paper—"Medical Inspection of School Children," Dr. H. N. Moses, Salina.

The Western Kansas and the Decatur and Norton Counties Societies held their regular meeting March 29, at Goodland, Kansas. Following is the program: The Rational Treatment of Typhoid Fever, Dr. H. O. Hardesty, Jennings; Some Observations of Low Temperature, Dr. F. H. Smith, Goodland. The Treatment of Pneumonia, Dr. C. S. Kenney, Norcatour. My Experience with Eclampsia, Dr. A. C. Gulick, Goodland. Cystic Degeneration of the Placenta with Case Reports and Specimen, Dr. E. J. Beckner, Selden. A Serial Report of 135 cases of Obstetrics, Dr. F. A. Carmichael, Goodland. General Business meeting. Election of officers. Dinner. Smoker and Round Table discussion.

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The Franklin County Medical Society, at its seventh annual meeting, held in Ottawa, January 26, elected Dr. John M. McWharf, president; Dr. Edward B. Gossett, vice-president, and Dr. James Ball, secretary-treasurer, all of Ottawa.

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Program of the Sumner County Medical Society, Howey House, Wellington, April 21.

1. Supper. 2. General Business. 3. Report from Eastern Clinics, Dr. W. M. Martin. 4. Hydrophobia; A Clinical Picture, Dr. J. J. Sippy; discussion led by Drs. Waite and Emerson. 5. X-Ray; Its value to the Physician and the Surgeon, Dr. G. D. Pendell; discussion led by Drs. Axans and Shelly. 6. Intestinal Intoxication, Dr. T. T. Holt; discussion led by Drs. Collins and Kisecker.

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Shawnee County Society.—The Shawnee County Society is making arrangements for the entertainment of the members of the State Society, when the meeting is held here in May. Just now the greatest problem is where to hang the banner which Dr. O. P. Davis rescued at the close of the state meeting last year. The dome of the state house seems to be the only place big enough to hold the banner, unless it is stretched across Kansas Avenue. The banner is a white elephant on account of its size.

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LABETTE COUNTY MEDICAL SOCIETY.

The Labette County Medical Society met at the residence of Dr. E. W. Boardman, Parsons, March 23, for their regular monthly meeting.

Dr. Maser reported that the man of 86 reported at last meeting upon whom he had operated for cataract, had made a good recovery and was now able to read.

Dr. Barbe reported an unusual skin disease in a healthy young adult which resisted treatment for some months, but ultimately recovered. The diagnosis was an anomalous case of psoriasis.

Dr. Bennett reported a case of adherent eyelid in which the cornea was completely covered, due to pannus following trachoma. The lid had been dissected away from the cornea and ability to count fingers had resulted.

Dr. Mahan reported an unusual case of varicella in an adult in which the lesions so closely resembled variola that without the accompanying symptoms a diagnosis would have been very difficult.

Dr. Boardman mentioned the large number of cases of measles in Parsons, and reported a case of pronounced laryngeal involvement with croupy cough, also several cases having measles and whooping cough at the same time.

Dr. Henson read a paper entitled 'Vaccination as Compared with Quarantine in Small-pox.' He offered the suggestion that it might be well to abolish all quarantine regulations in small-pox, hoping thereby to force a law requiring vaccination in all cases. He cited conditions in Germany where vaccination is compulsory and small-pox has been practically eradicated as an example of good enforcement of a wise law.

Dr. Barbe conducted a quiz on the Exanthemata.

After the program, supper was served, followed by a social and musical evening which was much enjoyed by all.

O. S. HUBBARD, Sec'y.

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NEWS NOTES

Dr. R. A. Young has been appointed a member of the Medical Staff of the Topeka State Hospital.

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Dr. J. Frank Friesen, of Chicago, has located at Buhler, Kansas.

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The Isolation of Polonium—Mme. Curie, who in conjunction with her late husband, M. Pierre Curie, discovered radium and polonium, has succeeded, with the co-operation of M. Debierne, in isolating a milligram of polonium from pitch-blende. According to Science, several tons of the latter mineral treated with hydro-

chloric acid were required to produce this amount of polonium. While its radio-activity is greatly in excess of that of radium, it disintegrates and disappears with far greater rapidity, losing 50 per cent. of its weight in 140 days. It would require a like quantity of radium a thousand years to disappear. Polonium decomposes organic bodies with great rapidity, and when placed in such a refractory substance as a quartz vase the vessel is soon cracked. In the process of disintegration helium and another substance, supposed to be lead, are produced. The determination of this latter substance will also establish the fact that polonium is not an elementary body, as formerly believed.

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Dr. M. T. Sudler, of Lawrence, has just returned from a visit to the Medical Departments of the Universities of Michigan, Minnesota and Iowa.

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Benjamin H. Leslie, M. D., University of Pennsylvania, 1868; a member of the Kansas Medical Society; died at his home in Lawrence, Kansas, March 15, from chronic nephritis, aged 66.

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Stanley H. Brooks, M. D., University Medical College, of Kansas City, Mo., 1885; of Mound City, Kan.; a member of the American Medical Association; died in the University Hospital, Kansas City, February 17, from gallstone disease, aged 46.

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Robert George English, M. D., Northwestern University Medical School, Chicago, 1871; a veteran of the Sabine Indian War; and a pioneer resident of Des Moines, Iowa; for nearly sixty years a practitioner; died at the home of his daughter in Osawatomie, Kans., March 4, from senile debility, aged 92.

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Dr. Samuel T. Gillespie of Lawrence has been, appointed health officer of Douglas County, vice Dr. John C. Rudolph, Lawrence.

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Dr. Francis C. Herr, Ottawa, has been appointed physician and health officer of Franklin County, vice, Dr. Willis L. Jacobus, Ottawa.

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Dr. C. W. Cole spent November and December in post-graduate work in Chicago. He will now devote his time exclusively to the eye, ear, nose and throat. He has a nicely equipped office in the Broquet building, Norton, Kansas.

Dr. W. C. Lathrop, Norton, Kans., is taking a special course in surgery under Dr. A. J. Oschner in St. Augustine Hospital, Chicago. He will return May first and take up his practice in Norton, where he will devote his time to surgery.

Dr. W. E. Knox and Miss Lucy Frewen, both of Norcatur, Kansas., were married January 12, 1910. Congratulations.

Dr. C. S. Kenney, Norcatur, Kansas, was operated upon at Bell Hospital Rosedale, February 7, for chronic appendicitis, by Dr. J. F. Binnie.

A doctor whose former reputation was thought to be fairly good and who recently moved to Topeka from a small town has advertised in the daily papers here that he has bought a portable X-Ray outfit which he can take to patients' houses, and that he also has a new auto and "now honk honks everywhere," to quote his published rhetoric.

Dr. Merrill Mills, formerly of Roosevelt hospital, New York, has located in Topeka, his native town.

Communications.

Editor of the Kansas Medical Journal:

I am writing to you in behalf of the Public Health Education Committee of American Medical Association.

The resolution creating this committee was passed unanimously by the House of Delegates of the American Medical Association at its meeting in Atlantic City, in June, 1909. A meeting of the women physicians of the American Medical Association was called in New York City, July 20, 1909. Women from all over the United States were present and formulated plans for work in women's clubs, Y. W. C. A's, Mother's and Teachers' organizations, Social Settlement clubs, etc., Work is now going forward in Alabama, Arizona, Connecticut, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Washington, Wisconsin, Utah, Virginia, Wyoming, West Virginia, District of Columbia, Hiawaii, and the Philippine Islands. The plan of the work is to affiliate through this Committee the large

amount of Public Health Education now being done individually and by scattered groups of women, to concentrate this work under the American Medical Association, giving unity of purpose and co-operation of effort to all work along these lines for the public good.

The work is divided under State Secretaries and subdivided under County Chairman, a list of whom may be had on application to the Sec. of your State—Dr. Ida C. Barnes, Topeka, Kans.

It is the duty of the County Chairman to learn what physicians both men and women, willing to deliver lectures gratuitously on the following subjects:

1. Cause and prevention of ordinary colds.
2. The value of pure food and the physiology of digestion.
3. The chemistry and economic value of food.
4. The care of food in the market and home.
5. The relation of pure water to the public health.
6. The water borne diseases.
7. The value of exercise and to the public health.
8. The causes and prevention of nervous exhaustion and prostration.
9. The use and abuse of stimulants and narcotics.
10. The prevention and cure of Tuberculosis.
11. The care of the sick at home.
12. The air we breathe and the value of ventilation. (This address to be specially emphasized.)
13. The relation of flies and mosquitoes to public Health.
14. Pure Milk and Infant Hygiene.
15. The hygiene management of nervous children.
16. The relation of teeth to good health.
17. The prevention of some of the commoner skin diseases.
18. The importance of early diagnosis and treatment of adenoids.
19. The causes and prevention of deafness.
20. The prevention of Fourth of July injuries and tetanus.
20. The prevention of acquired deformities.
22. The causes and prevention of blindness.
23. Cause and result of eye strain.
24. How to instruct children regarding the origin of life.
25. The responsibility of girlhood to motherhood in care of the health during the menstrual period.
26. Pregnancy and the menopause.
27. The value of early diagnosis of cancer in women.
26. The responsibility of boyhood to fatherhood.
29. Social hygiene—how parents may protect their sons and daughters from immorality.

Other topics which may arise concerning Public Health.

Ever since the days of Galen and Aesculapias, The "father of medicine" Doctors have as a matter of course devoted a large share of their time gratuitously to curing of diseases in individual cases, and in the sick, collectively in clinics. In this state alone, thousands of those who suffer and otherwise become a burden to the state and themselves are through, clinical, medical and sur-

gical care, saved to lives of usefulness. Many physicians have also given of their time to the prevention of disease in lectures on Public Health before all classes of society. Many individuals will not be able to do more than they because they have done so much, but in co-operation there it strength, therefore we urge that all work together in this great national movement for the good of our country, for the strength of the nation depends upon the health of the citizens.

The members of the county societies will render valuable service if they will send the name and addresses of those who are willing to lecture, together with the subject they propose to represent, to the County Chairman of their County. These County Chairmen names may be learned from the State Secretary.

The general plans and outlines above have been put in local practice in many places and the work has met with cordial response from County societies, We want to work along the same lines in every county society in the state so becoming a part of this great national movement, and next June when the record of work is presented in the House of Delegates of the American Medical Association we want our state compare with all the rest.

Yours truly,

IDA C. BARNES.

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Obituary.

The Shawnee County Medical Society recently adopted resolutions of respect in honor of two of the older members of the society whose deaths recently occurred; Dr. B. D. Eastman and Dr. Washington Lafayette Schenck. The resolutions follow:

Dr. B. D. Eastman.

Whereas, Death has recently taken from the ranks of this society one of its oldest and most esteemed and distinguished members, Doctor B. D. Eastman, and

Whereas, Dr. Eastman was the first superintendent of the Topeka State Hospital for the Insane, which position he held through eighteen years of the early and formative period of that institution's career, and laid the foundations for its growth until now, largely as the result of his wisdom and foresight it is recognized as one of the model institutions of its kind in this country and a credit to the State of Kansas, and

Whereas, Dr. Eastman was one of the founders of the Kansas Medical College and one of the most faithful teachers, in it is long as his health permitted, and

Whereas, Dr. Eastman a lifelong student of insanity and the methods of treating the insane and was a recognized authority in that branch of the science of medicine, Therefore be it

Resolved, That in the death of Doctor B. D. Eastman the Shawnee County Medical Society, the medical profession at large, and the state of Kansas have lost a faithful member, an able practitioner of his chosen calling and a good citizen, one who placed knowledge, ability, honesty and service of the state and profession above his own private interests, and, be it further

Resolved, That a copy of these resolutions be spread upon the minutes of this meeting of the Shawnee County Medical Society and that a copy be furnished the family of the deceased as a slight token of the esteem in which Dr. Eastman was held by the members of this society.

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DR. WASHINGTON LAFAYETTE SCHENCK.

Whereas, Dr. Washington Lafayette Schenck, of this city, a member of this society and of the A. M. A., has recently died, and,

Whereas, The deceased has passed three score years of his life in the practice of his profession, during which time he received many high honors, both in his profession and in civil life, and served his country faithfully during the civil war, therefore, be it

Resolved, By the members of Shawnee County Medical Society that the society has suffered the loss of a valued and faithful member, and the state a useful citizen, and be it further

Resolved, That a copy of these resolutions be included in the minutes of this meeting and that a copy be sent to the members of the deceased's family that they may know the regard in which he was held by his fellow practitioners of medicine.

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CLINICAL NOTES

Danger of Rest in the Treatment of Sprains.—Sprained ankles and knees are commonest on the football field, and I fancy that it has been largely from the experience gained in treating these football injuries, that surgeons have come to realize the danger of rest. Gradually it has become evident that most of the disability after sprains resulted not from the sprain but from the treatment, the unhealthy stagnation of fluid about an unused joint, the resulting adhesions and muscular atrophy. Now our football surgeons treat their sprains by massage and moderate exercise from the outset, thus avoiding the stiffening, the atrophy and the tedious weeks of convalescence which they used to inflict.—Dr. Richard C. Cabot.

One of the most difficult matters to teach to both students and practitioners is the difference between induration and infiltration. This is especially true in the matter of the lymphatic glands. We are continually told that glands are enlarged in syphilis and infiltrated by the syphilitic virus. In scrofula they are indurated and break down whilst the truth of the matter is that they are markedly indurated in syphilis and infiltrated in tuberculosis. Let us be more exact in our descriptions.—*American Journal Dermatology*.

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Conditions Simulating Appendicitis.—Dr. Alexander B. Johnson of New York read a paper at the recent meeting of the New York Medical Society and offered the following conclusions: (1) A very large number of conditions might simulate appendicitis. (2) Many of them when carefully studied, especially with regard to the past history and present signs and symptoms, would render a differential diagnosis possible. (3) In acute cases, with an imperfect history and an inability to observe the patients during the earlier hours of the disease, an accurate diagnosis might be possible. This would be especially true (a) of perforating lesions of the alimentary tract other than appendicitis; (b) of some affections of a tube and ovary upon the right side; (c) of cases of well developed purulent peritonitis; (d) in the erythema group, Henoch's purpura, with abdominal symptoms, might so exactly simulate acute appendicitis that no differential diagnosis was possible during the earlier hours of the disease.—*American Medicine*.

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The dysuria from stricture is one of the complications of that condition, that is attended with much discomfort and pain, at times. Relief from this is often sought, and, it is no unusual matter, for the physician to find himself impotent to relieve it. A remedy which has been highly recommended for this purpose is gelsemium. The action of this remedy, in the condition mentioned, is to enable the patient to pass urine in from four to eight hours. This is an important item to bear in mind, because catheterization is often a very difficult, or even impossible maneuver, when a stricture is of a very small calibre.—*American Journal Dermatology*.

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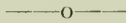
The Moro Reaction.—F. R. Charlton, Indianapolis, (*Journal A. M. A.*, March 26), during the past 18 months has used the Moro reaction on about 40 patients as a test for tuberculosis. In all

except 5 there was a more or less positive reaction and he became sceptical as to the clinical value of the test, many of the patients having no other clinical evidence of the disease. Recently he used a tube on himself and another person in whom there was no positive evidence of tuberculosis, and obtained a strong reaction in both. He also learned that a number of interns and nurses in the Indianapolis City Hospital has obtained positive reaction on themselves with the Moro test, and he asked for volunteer subjects from the students of the Indiana University School of Medicine. Seven responded and in one only did the skin remain clear. He calls attention to the danger of trusting to this test, asking of what clinical value as a diagnostic aid can a test be that marks the overwhelming majority of the human family as tuberculous? The false value placed on it, however, is leading to the ever threatening and apparently inevitable abuse as a short cut to diagnosis in place of the old classical clinical study.

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Aural, Nasal, and Throat Symptoms in Diabetes.—O. J. Stein, Chicago (Journal A. M. A., March 26), says it is a matter of surprise that the changes occurring in the mucous cavities of the head and neck in diabetes should so often pass unrecognized. They are by no means uncommon. In the mouth, evidences of perverted nutrition are frequently found. The secretions become distinctly acid and act on the necks of the teeth, exposing the deeper and more sensitive parts to the ever present infection in the mouth, hence spongy and bleeding gums and aching teeth are symptoms of importance in diabetes, the existence of which is often recognized by dentists from the mouth symptoms. Aphthous stomatitis, thrush, a large red tongue sometimes with black fur in the middle, hyperemia of the mucosa which often presents a glazed appearance and feels dry, are frequent symptoms. If acetone is present in quantity its odor is imparted to the breath and the patient himself may be aware of the sweetish taste. Sialorrhea has been observed in some individuals with pancreatic disease. In the throat there is dryness which is not to be confounded with pharyngitis atrophica. In the dry pharyngitis of diabetes the mucous membrane is usually red and glazed in appearance. This symptom is considered important in connection with others in the diagnosis of diabetes. Tuberculous appearing ulcers appear occasionally but they heal readily and therefore have not been considered by Freudenthal as tuberculosis. Externally a reddening of the nose has been observed in diabetes but as to intranasal symptoms nothing characteristic has been noted. Stein, however,

thinks that there are many cases of intranasal irritation that might show a relationship to diabetes. The manifold variety of ear symptoms is surprising to the casual observer. A common symptom is furuncles in the external ear, and otitis externa diffusa chronica may be present, especially the desquamative type. Eczema auris is not uncommon and may be very extensive. In all such cases, Stein says, he makes a urine examination for diabetes. Gangrene may rarely occur. Suppurative ear disease is a serious complication in diabetes but not necessarily alarming. Some authorities hold the opinion that a primary mastoiditis may occur. An otitis media that appears suddenly without apparent cause should lead to an investigation for diabetes. In Stein's observation, these cases are more painless than usual and the mastoid is always involved. Both ears may be affected. He says that suppurative otitis media and suppurative labyrinthitis are commonly associated in diabetes and brain complications have been many times observed. We should be alert in all diabetics with otitic involvement for symptoms of panotitis. Lastly, he mentions neuritis of the acusticus which, according to Benninghaus, is most frequently caused by diabetes.



On the Nature and Treatment of Angina Pectoris.—In the *Lancet* of January 8, 1910, Morison states that the treatment of angina pectoris includes the treatment (1) of the attack and (2) of the condition. The treatment of the attack of angina pectoris may consist in the relief as rapidly as possible of a painful affection of greater or less severity, the subsidence of which without untoward accident we may anticipate almost with certainty, or it may involve a grim struggle of progressive intensity between the physician and death, in which the latter may prove the victor within a very few minutes. Tragedies of this description are rarely encountered in the endocarditic series. They are usually met with when the ordinary physical examination of the heart reveals little or nothing amiss. The attack of angina in valvular disease (which is usually aortic) is rapidly relieved as a rule by the nitrites, even when it recurs with frequency. The nitrites, indeed, merely hasten the relief which is sure to follow the rescuing acceleration of the heart's action which succeeds the primary inhibition caused by the shock of cardiac pain. The attack in non-valvular angina may require, on the other hand, a quick recourse to morphine and atropine, or to a general anesthetic to avert a rapidly fatal issue, which even then may, and frequently does, ensue. The author agrees with Sir Clifford Allbutt in con-

sidering the cause of death in angina pectoris to be the inhibition of cardiac action by the shock of pain. The heart may rapidly cease to beat and die in diastole; or death may be postponed somewhat longer, the heart passing into a feeble tachycardia, very suggestive of the fibrillary tremor, noticed as the last phase in the cardiac action of animals killed experimentally by intensive or repeated electrical shocks.

The immediate danger passed, the treatment of the anginous condition or of the conditions underlying the supervention of angina has to be considered. It is scarcely necessary to insist upon the avoidance, so far as possible, of those forms of physical exertion or mental emotion which are found to provoke attacks, or upon that care in diet and in the securing of easy evacuation which is likewise indicated. The iodides and mercurials which have proved beneficial in some instances may do so without reference to old specific infection, but where it is possible to determine such with any probability or certainty treatment on these lines is the more indicated. Now that we possess in the Wassermann reaction with the patient's blood serum a fairly reliable means of determining the point with some assurance, it is well to use it. Recently the author found this test positive in a case of some years' standing which shows no valvular disease and a very moderate rise of blood-pressure. The patient was infected twenty years ago; and was not specifically treated. He is now under treatment for specific disease.

The angina of valvular disease, which is usually associated with aortic valvular lesion, frequently occurs during periods of defective compensation when we are not dealing with a hypermyotic heart. In such circumstances we observe the attacks to subside as cardiac action becomes more efficient. In this series, the author believes, with Sir Lauder Brunton, that the blood content of the organ plays a part. The treatment, therefore, of this condition of comparative cardiac failure on recognized lines is that indicated during periods of greater anginous distress.—*Therapeutic Gazette*.

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Treatment of Uterine Fibromata During Pregnancy.—Dr. E. Kufferath (*Jour. Med. de Brux; Munch. Med. Wochenschr.*, No. 51, 1909) summarizes his views as follows: Uterine fibromata should only be treated if they exercise a deleterious influence upon pregnancy. Their tendency during this period is to enlarge, become softer and somewhat edematous, but rarely to break down. The size and position of the fibroid is especially to be considered,

the most dangerous being those which are submucous. The growth may result in interruption of the pregnancy and dangerous hemorrhage, or in hemorrhage without abortion, which is quite rare, in retroflexion or retroversion, violent pain, localized peritonitis, symptoms of compression, abnormal positions of the fetus, rapid emaciation and cachexia. The treatment, if required varies greatly. Artificial termination of the pregnancy is often very difficult and sometimes necessitates total removal of the uterus. Early delivery should be resorted to only in the presence of severe dyspnea. In general, any active treatment should be refrained from during pregnancy if its course is normal. Operation upon fibromata is to be avoided at this time. On the other hand, intervention is necessary if complications exist. Fibroids of the cervix should be removed if they give rise to suppuration or hemorrhages. Large growths should be extirpated if they greatly increase the dangers of delivery. An attempt should always be made at first, however, to so displace the mass that the symptoms of compression are more easily borne. If this is impossible, however, laparotomy must be resorted to, proceeding as conservatively as possible. Total extirpation of the tumor is preferable to the Caesarean operation, because of the presence the growth prevents the drainage of secretion. If the fibroid, however, is inoperable, recourse may have to be had to Caesarean section, removing at the same time the ovaries, so as to prevent subsequent pregnancy.—International Journal Surgery.

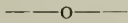
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In acute gonorrhoeal urethritis, the presence of a small meatus urinarius predisposes to an increased severity of the inflammation. Meatotomy is imperative, in spite of the profuse discharge. The wound is not usually affected in the least degree by the gonococcus infection in the urethra. During the healing stage it is well to keep a small pledget of absorbent cotton soaked in bichlorid solution between the lips of the meatus constantly. This prevents unduly rapid closure of the wound with contraction, and keeps it clean at the same time. A. L. W.—International Journal Surgery.

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Calcium Salts in Certain Diseases of the Skin.—Bettmann, in an article in the *Muench. Med. Wochenschr.*, states that, acting on the suggestion of Wright, regarding the use of calcium chloride in hemorrhagic and urticarial conditions, he has used the calcium lactate in a series of about seventy cases, during a period of one and one-half years. His formula is a five per cent. aqueous so-

lution of lactate of calcium giving one or two tablespoonfuls one hour before meals, for three or four weeks. He has had good results in purpura, urticaria, pruritus senilis and herpes gestationis. As yet, he is not convinced that the good effects of the treatment depend upon the ability of the calcium salts to increase the coagulability of blood. He cites a case of purpura hemorrhagica, of two years' duration, which was apparently cured after four week's treatment. Five cases of senile pruritus, one of the most intractable and annoying of conditions, were much improved. A case of herpes gestationis in which there had been severe symptoms, in two previous pregnancies, was similarly bettered and, after three or four weeks, the skin lesions disappeared permanently. The pathology of both urticarial and purpuric eruptions would seem to depend rather upon an increased permeability of the vessel walls than upon any alteration in the blood itself. Since the frequently rapid appearance and disappearance of these conditions would involve a correspondingly rapid alteration, in character, of the whole mass of the blood stream, which is certainly not probable. The action then of calcium salts, in such cases, must be upon either the vascular or nervous mechanism of the vessel walls.—American Journal Dermatology.



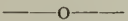
Burns.—The following dressing has on many occasions yielded most excellent results in burns of the first and second degree:

Acidi Carbolic	..... grn.	v-x
Bismuthi Subnitrat	.....	ʒi
Petrolati	.....	ʒi

Apply on lint. On application the pain subsides almost at once, while rapid granulation and healing of the wound follows. No other treatment of burns used by me has ever given me an equal amount of satisfaction.—S. A. E. Johnson, of St. Louis, in Clin. Medicine.

Ammonii Chloridi	.....	Riss.
Syr. Ipecacuanhæ	.....	fl. Riss.
Syr. Acidi Citrici	.....	fl. ʒj
Aquæ	.....	ad, fl. ʒiv

M. Sig: One teaspoonful in water every two or three hours.
—Jour. A. M. A.



Differential Diagnosis of Measles and Scarlet Fever.—The chief aids in differentiation are, in measles, the longer period of incubation, the three-day prodromal stage, the coarse, blotchy

rash, the dark-red pharynx, the but slightly enlarged glands, the dry hacking cough; and, in scarlet fever, the short incubation period, the appearance of the rash after one day's illness, the fine scarlet rash, the decidedly sore and bright-red throat, the noticeably enlarged glands, and the absence of marked cough. One symptom that I have come to consider almost certain in scarlet fever is initial vomiting. This seldom occurs with measles. The diagnosis of rubolla or German measles is usually easy because of the prompt appearance of the rash and the mild constitutional disturbance. The rash following the administration of quinine, antipyrine, and other drugs might possibly be confusing should the child be suffering from a severe cold.—Dr. Carroll Chase, Merck's Archiv.

The Dose of the Salicylates.—Plehn, in an able paper in the *Deutsche Med. Wochenschr.* says the success of treatment of acute articular rheumatism depends upon adequacy of dosage. When proper doses of the salicylates are used, he says it is as much a specific in acute rheumatism as quinine in malaria or mercury in syphilis. He gives the patient fifteen grains of salicylic acid six times a day—suspending the remedy at night. He continues this until the temperature has remained normal for three days, and all joint symptoms have disappeared. He then gives the patient a few fifteen grain doses for a week. He insists that the patient remain in bed three days further, without any medicine, before going about his customary work. The joints are encased in dry cotton and are supported upon cushions. He uses this treatment in all cases—even those which appear essentially mild. He thinks less dosage than that already mentioned entirely inadequate, leading only to disappointment on the part of the physician and protracted suffering for the patient.

He says, however, that women do not tolerate as large doses of the salicylates as men, and he gives them, often only five and sometimes three doses of fifteen grains each, in a day. As proof of the great majority of this treatment of rheumatism, Phlen says that in 319 cases treated, where the heart was normal, valvular disease developed in only two cases, and in these his directions had not been carefully followed. In 101 cases of recurring rheumatism which had been treated elsewhere, heart disease developed in 36 cases. He is morally certain that this vigorous employment of the salicylates prevents cardiac and pleural complications.—*Medical Standard.*





O. P. DAVIS, M. D.,
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LOUIS PASTEUR.

The Influence of a Chemist on the Medical Profession.

MERVIN T. SUDLER, M. D., Lawrence, Kansas.

The medical profession has been accused of being blind to its errors; content with its own failures, and unwilling to admit the light when the source was outside of its own ranks. And, in many instances refused to recognize the great discoveries even when made by one of its own members. Unfortunately, this has been too often true. However, for the most part this accusation is based upon a misunderstanding, for the physician deals with things too precious and sacred to be used for experiment and while he has been slow in accepting some undoubted facts, by insisting upon adequate proof, he has refused to accept much that is wrong and injudicious and in the end prevented much suffering. In fact, the profession is indebted for much of its best practice to outside sources. Years ago, Doctor Holmes said,

"It learned from a monk how to use antimony, from a Jesuit how to cure ague, from a friar how to cut for stone, from a soldier how to treat gout, from a sailor how to keep off scurvy, from a postmaster how to sound the eustachian tube, from a dairy maid how to prevent smallpox, and from an old market woman how to catch the itch insect. It borrowed acupuncture from the Japanese, and was taught the use of lobelia by the American savage. It stands ready today to accept anything from any theorist, from any empiric who can make out a good case for his discovery or his remedy."

Today he could have truthfully said that a physician could not practice medicine intelligently for one day without being

indebted to a chemist for the information on which much of the practice of his art is based. This chemist whose genius has transformed our ideas of surgery, contagious diseases and bacteriology was Louis Pasteur.*

Louis Pasteur was born in France in the little town of Dole, December 27, 1822. His father was a tanner and business interests caused a removal of the family from Dole first to Marmoz, and then to Arbois where his education began. He had completed his studies in his home town when he was 16 years old and his father wished him to go to school at Besancon where he could take his baccalaureate and prepare to become a teacher, but he was persuaded to change his plan and go to Paris. Once in Paris a longing for his home and the quiet village was so great that it was almost unendurable. His father also longed for his son. One day, after a few months stay in Paris he was called with an air of mystery to a nearby restaurant and there sitting at a table he beheld his father. "I have come to fetch you," he said, and no other explanations were necessary. After spending another year at school at Arbois and taking all of the prizes offered, he decided to go to Besancon, as originally planned, and to study for the examinations of the *École Normale*. In 1841 he entered a private school in Paris where he was made a student assistant and received a monthly stipend of 24 francs. He remained here for two years, and his letters to his father show his great industry and desire to make the most of his opportunities. He was full of affection and willing to share even his small salary with his two sisters, in order to provide some advantages of education for them. He passed his examinations for the *École Normale* in 1842 and entered in 1843. From this time on, the development of this wonderful man is like the unfolding of a story of magic.

His interest and observations led him from one problem to another, and his wonderful industry and intuition illuminated every subject he touched. His first article was entitled, "Researches Into the Saturation Capacity of Arsenous Acid. A Study of the Arsenites of Potash, Soda and Ammonia." A small thing gave him his first impulse toward the investigations which later led him into the studies which have made him the master scientist in the world of living ferments. In 1770 a Swedish chemist named Scheele discovered tartaric acid. In 1820 in the encrustations in wine barrels an Alsatian manufacturer while preparing

*These facts of Pasteur's life presented in this paper were obtained from "The Life of Pasteur," by Rene Vallery-Radot, translated by Mrs. R. G. Deuonshire, and "Louis Pasteur, His Life and Labors," by his son-in-law, translated by Lady Claude Hamilton.

tartaric acid in his factory accidentally produced a peculiar acid which he was unable to make again. Berzelius studied some of this and proposed the name paratartaric acid for it. The salts of the two acids seemed to be of the similar crystalline form, of the same number of atoms, and identical in every respect, but when dissolved the tartrate rotated a plane of polarized light, while the paratartrate did not change it. These substances had been most carefully studied by Metcherlich and La Provostay, famous chemists in their day. Pasteur became interested in crystallography and began to study the crystals of these two salts. He saw that they had little facets, and that they were hemihedral in shape. When he examined the crystals, he discovered that there were two kinds, one with facets turned to the left and the other turned to the right. He carefully picked out the two kinds and dissolved them separately. He found that one solution turned the plane of polarized light to the right the other to the left, and that a solution of an equal number of each kind did not effect it. His paper entitled, "Researches on the Relations Which May exist Between Crystalline Form, Chemical Composition, and the Direction of Rotatory Power." was reported at the Academie des Sciences by the old chemist Biot. While studying these acids and their salts and attempting to make them artificially he noticed accidentally that the dextrotartaric acid underwent fermentation. Finally, he scattered some of the spores of the common green mold (*Penicillium glau-*



FIG. I.

Crystals of a tartrate and a paratartrate. Taken from the cover of "The Journal of Infectious Diseases."

*These crystals represent substances with the same general chemical properties. Solutions, however, rotate the plane of polarized light to the right and left. Only the solution or that part of the solution rotating it to the right is capable of nourishing mold or bacteria. Emil Fischer has called attention to that fact that eeryzines seem to attach only organic bodies rotating the plane of light to the right and compared the complicated formula of the two to a lock and a key. So far investigation has shown no exceptions to this rule. Carried to its logical conclusion we may state that the complicated organic constituents of our living cells are dextro-rotary and that a man might starve surrounded by bodies of the same chemical composition as lies present food if they were all laevulo-rotary. As a matter of fact our food is usually a mixture of equal quantities of dextro-rotary and laeverlortary solutions of such mixtures do not rotate the plane of polarization. As foods only the dextro-rotary part is used; man in this regard is the same position as the ordinary green mold which Pasteur observed.

cum) on the surface of ashes and paratartaric acid and the lævulo tartaric acid appeared; showing that only the dextrotartaric acid was consumed by the mold.*

In 1854 he was made dean of the new Faculte des Sciences at Lille which placed him in a region where the manufacture of alcohol from beet roots was a large industry. In his inaugural speech he uttered the sentence which is so applicable to the experiences of his own life:

"In the fields of observations chance favors only the mind that is prepared."

His thirst for research took the nearest available material, and he began to study alcoholic fermentation, and by aid of the microscope he observed the various types of globules to be found in fermenting liquids. From these studies he reached the following conclusions in regard to alcoholic fermentation: "When the fermentation was healthy the globules were round; elongated when alteration began; and quite long when lactic acid appeared."

In order to appreciate these observations it must be remembered that at this time the ideas of Berzelius and Leibig on fermentation dominated the scientific world. Both of these authorities taught that liquids capable of fermenting contained a peculiar energy transmitted by contact of the molecules with one another and brought about fermentation in this way. Spontaneous generation of living matter was universally believed as a fact. In the sixteenth century, Van Helmont gave a formula for creating mice. If some soiled linen and cheese were put together in a receptacle mice would shortly appear spontaneously. Maggots were supposed to develop in meat, without the necessity of parents. An Italian, Francesco Redi placed some gauze over the meat and proved that flies laid the eggs which developed into the maggots. With the invention of the microscope the problem had simply been pushed further back to the extremely small forms of life. Pasteur became interested in these problems but actual proof seemed so difficult and the discussion was so heated and intense that his old friend Biot advised him to have nothing to do with it.

With these false ideas prevailing the man who hoped to find the truth would be compelled to draw his own conclusions from his own observations. The only accurate observation that had been made in regard to fermentation had been recorded by a physician named Cagniard Latour in 1836, who while studying the ferment of beer called yeast, saw that it was composed of little

cells capable of reproduction by budding. Pasteur believed in experiment and in testing every opinion. He believed that these bodies that were always present in alcoholic fermentation were the cause of it. He also believed that the question of spontaneous generation was linked with it and that the truth could be found by experiment. He invented little vessels with long curved necks which could be heated and hermetically sealed. Putrescible liquids introduced in these kept indefinitely and after a long period the curved necks could be broken when air would enter and the liquid would undergo the changes characteristic of fermentation. He found that air filtered through cotton wool which had been heated was unable to cause the growth, thus proving that the germs of the organisms causing fermentation came from the air. He went to the high Alps carrying his precious bottles in order to test the freedom of the air in these isolated regions from bacteria. He opened them there, and obtained fewer cultures and proved that the higher the altitude the fewer the germs. He repeated and modified his experiments until he was absolutely convinced of the truth of his conclusions. In a communication to the Academy on March 5th, 1860, the following results were reported: "It seems to me that it can be affirmed that the dusts suspended in atmospheric air are the exclusive origin; and necessary conditions of life in infusions." A correspondent in the *La Presse*, 1860, wrote: "I am afraid that the experiments you quote M. Pasteur will turn against you. The world into which you wish to take us is really too fantastic." But experience since has proved the absolute correctness of his views, both as regard the cause of fermentation, and that the air teems with germs of life and that spontaneous generation does not exist. On account of this work he was made a member of the *Academie des Sciences* December 8th, 1862.

His next investigation led to his study of the silk worm. During the reign of Louis Phillipe, France produced in one year 2,000,000 kilograms of cocoons valued at 100,000,000 francs. And the mulberry tree was spoken of as "The Tree of Gold." Suddenly this great industry was threatened and fell away to almost nothing. A disease known as "pebrine" (a patois word meaning pepper) appeared. The worms became sluggish, small black spots appeared and then they died. By 1864 it had spread to all the silk producing countries of the world except to Japan. Prosperous communities of France had become poor and the "Golden Tree" no longer bore its fruit. In June, 1865, Pasteur was sent by the minister of agriculture to study this question, and the inhabi-

tants were much disappointed that the government had sent only a chemist to help them. With his characteristic zeal Pasteur started to study the cause, and soon found that the bodies of all diseased worms and moths contained microscopic organisms. In view of this fact, he eventually recommended that a thorough cleaning and the destruction of all infectious material, and a collection of new seed, as the eggs were called, only from moths that were proven healthy by a microscopical examination. He planned his series of experiments to test the truth of these conclusions. All of the worms remained healthy except one series, which nearly all died, but even after a careful examination he was unable to find the microscopical bodies he had associated with "pebrine." The intestinal tract was, however, filled with vibrios. This was a second disease known as "flachery." He was soon able to prove that this was caused by improper food, and that hygienic measures alone would control this disease. By June, 1867 all difficulties were solved, and it took only the practical application of his principles to restore this great industry to France. But even with the distinct precautions to be observed definitely known and outlined it took some years to convince the silk growers of its great usefulness. Pasteur spent another year on a large estate belonging to a relative of the Emperor where his experiments were repeated on a very large scale proving beyond doubt the great commercial value of his observations. Today the existence of the silk industry of France or even of the world is dependent upon these discoveries.

His next field of investigation was into the diseases of wine. Good wine instead of ripening and improving its flavor with age turned to vinegar and this without apparent cause. Pasteur found that in these diseased wines a different microscopical plant was present than in those whose keeping qualities were satisfactory.

He showed by his experiments that heating the wine to a certain point killed these organisms, and oxidation took place rapidly instead of slowly as in the old process of ripening. This was the first attempt at "Pasteurization," and was tried successfully on a large scale by the French Navy.

On October 19th, 1868 he suffered from a stroke of paralysis and for weeks he was not expected to recover. The Franco-Prussian war occurred shortly afterward, and he felt all the humiliation of an extreme patriot and his vengeance took a unique form. In order to build up the brewing industry in France and possibly interfere with this great German industry, he determined to study the production of beer. In pursuing this investigation

he visited England and he was much impressed by the extreme practicalness of the English, each going about his own business and intent on his own profit. The results of his vengeance show that today Germany and England have profited more by his suggestions than the France he sought to serve.

In the meanwhile, Pasteur was thinking of disease. The comparison between sick silk worm and a higher animal or even man was impossible. Medicine was a practice controlled by unstable theories, and not the exact knowledge obtained by laboratory experiments as it is today. "A pinprick is a door open to death," said Velpeau. Fatal results followed almost every operation. Pyemia, gangrene, erysipelas, and septicæmia were words in every hospital. Contaminated air was supposed to be the cause of the trouble and in order to test this a charitable organization hired a house in a salubrious part of Paris. The abdomen of ten patients were opened in this house. Ten deaths resulted, and the neighbors referred to it as the house of death.

Surgery was properly considered a serious profession. In the middle ages, hot oil and cauteries were applied to cut surfaces, but this had been abandoned and dressings of charpie, substituted. Charpie was made by tearing up old bedding and linen. In the Paris Maternity hospital from April 1st to May 10th, 1856, sixty four fatalities out of 374 confinements occurred. Finally in 1866, twenty-eight deaths occurred in 103 cases and the place was closed. A worker in Pasteur's laboratory had some furnucles. He succeeded in growing little rounded specks from the pus and obtained the same from still another case, and finally the same from a little girl suffering from osteomyelitis, then he turned his attention to septacemia and visited hospitals and autopsy rooms. During the discussion of the frightful mortality in the maternity hospital in the Academy of Medicine various explanations were advanced. A weighty colleague was eloquently talking on the cause of septicæmia and advancing ideas not based on accurate observation or experience. He was interrupted by Pasteur, who said, "None of these things cause the epidemic; it is the nursing and medical staff who carry the microbe from an infected woman to a healthy one." The orator replied that he feared the microbe would never be found. Pasteur went to the board and drawing a diagram of the chain like organism said, "*There, that is what it is like.*"

Pasteur visited the hospitals and we can imagine the surprise and almost stupefaction of the probably pompous and popular practitioners of medicine when a chemist from his laboratory criticised their methods and appliances, and in fact, all

of their procedures. Even in the present it is not unusual to hear the information which comes from a laboratory derided because the investigator was not entitled to write the degree Doctor of Medicine after his name, as though in some way, a medical diploma worked a sort of transformation which converted truth when once discovered into something more valuable. Chassagannac, a well known surgeon of his time referred to "laboratory surgery which has destroyed very many animals and saved few human beings." Another medical critic in combatting Pasteurs ideas in regard to infection, said: "M Pasteur's excuse is that he is a chemist who has tried, out of a wish to be useful to reform medicine, to which he is a complete stranger."

But not all were so impervious to obvious results of laboratory experiments. A young surgeon Alphonso Guerin, appalled by the terrible mortality in surgery, first tried to apply Pasteurs ideas in France. He washed the cut surfaces with solutions of carbolic acid and applied layers of cotton wool that had been heated and succeeded in saving nineteen cases out of thirty-four amputations. On February 13, 1874, Pasteur received a letter from Joseph Lister stating his success upon following Pasteurs ideas in Edinborough. Strangely enough Listers methods and procedure had been severely criticised in England, and by men whose results could not be compared with his.

In 1874 the government voted Pasteur an annual pension of 12,000 francs for life, the salary of a Sorbonne Professor, in recognition of his work in restoring the silkworm industry, and it could amply afford to pay this sum as during the twenty years preceding the application of his principles, the loss was estimated to have been 1,500,000,000 francs.

Anthrax or Splenic Fever was causing serious loss to the agricultural population of France. Herds of sheep and cattle grazing on rich pastures at this time would sicken and die. In one district alone, the loss amounted to 20,000,000 francs annually. Various cures were suggested, and causes proposed. The German Bacteriologist Koch, had succeeded in growing little rods in a drop of aqueous humor taken from the eye of an ox, and inoculated with the blood of a sheep dead of the disease. In 1877 Pasteur began his work on anthrax. He succeeded in growing the bacteria of the disease in his little tubes, using urine as a culture media. Strangely enough his experiments with this disease were complicated with that of a second as in his experiments with the silk worm. The blood of an animal dead 24 hours, teems with a vibrio capable of causing septicæmia. As this is

a pale organism it had been overlooked. He succeeded, however, in proving the difference in the organisms and he separated the two by growing mixed cultures in contact with air or carbonic acid gas, as the anthrax was aerobic, and the vibrio anaerobic. He inoculated some hens with anthrax and found it was impossible to give them the disease. As the normal temperature of the hen is 42 degree C. and that of a sheep only 38 C, he thought that the difference in the temperature of the animal might influence it, so he immersed the feet of some hens in water, and brought their temperature down to 38 degrees, and found that under such circumstances it was possible to inoculate them with the disease. A hen which showed extreme illness would promptly recover when removed to a warm oven but if the temperature was kept lowered the hen died.

In carrying out further experiments suggested by the influence of temperature, it was found that anthrax grown at 43 degrees Centigrade developed no spores, and that the culture was weakened. In the meantime discussion was rife as to how the disease was spread. Why should it recur in a certain pasture on almost the same day of the month, year after year, if cattle and sheep were kept there? In crossing a pasture Pasteur noticed little pellets of earth brought to the surface by earthworms. Darwin's book on "Vegetable Mold and Earth Worms," had appeared at about this time and showed what an enormous amount of work such an apparently humble animal performed. It suggested to Pasteur the possibility that the earthworms brought the spores to the surface. Upon making cultures from some of their casts which he had obtained above the grave of an animal buried the summer before he was able to grow anthrax in pure culture. In the meanwhile he had experimented upon sheep in the laboratory and found he could vaccinate them with attenuated cultures so that they would resist the most active culture when injected into them. His results were published, but were generally disbelieved by veterinarians and agricultural writers. Finally, in order to prove the question beyond a doubt, the Agricultural Society placed sixty sheep at his disposal at a fair that took place at Melun in June 1881, for a theatrical proof of his results. A vast concourse of people assembled to see the experiments. Twenty-five sheep were vaccinated and at the end of the period for immunity to occur, fifty sheep including the 25 vaccinated ones and 25 others were inoculated with virulent anthrax, and ten were neither vaccinated or inoculated. At the end of three days they again assembled to see the result of the experiment, and in the meanwhile

Pasteur returned to Paris. The 25 vaccinated sheep all lived. The 25 not vaccinated were dead or dying. Immense enthusiasm now took the place of skepticism that had prevailed before.

The method of attenuation and vaccination used in anthrax was not the first instance in which Pasteur had used a similar method. In 1880 Pasteur undertook to study a disease known as chicken cholera. A veterinary surgeon named Morse had observed the germ of the disease in 1869. Pasteur grew it on chicken broth which he found to be the best media, and the smallest drop-let of this broth injected into a hen soon proved fatal. Some cultures were left around the laboratory for several weeks. Accidentally some of this old culture was used to inoculate a chicken. It became very sick, but recovered; and it was then found that even a large dose of virulent bacteria would not cause the disease. Pasteur was delighted and thought he had here a discovery that would possibly prevent all diseases depending on micro-organisms. He attributed this attenuation to the action of the oxygen of the air, and how he was influenced by this idea subsequently will be seen in his studies on rabies. Pasteur was not so successful in all the diseases he studied. He attempted to study cholera and went to Egypt in the midst of the epidemic where he lost by death from cholera one of his favorite assistants, Dr. Thullier. He also attempted to study yellow fever, but the lack of material prevented his doing that.

His last and greatest triumph, however, was obtained by his study of rabies. This disease was known in antiquity. One of Homer's warriors calls Hector a mad dog. Aristotle mentions it and its contagiousness. Celsus described and recommended a hot iron for cauterization. As a remedy Pliny recommended the liver of a mad dog, and Galen a powder made of crayfish eyes. Later the shrine of St. Hubert in Belgium became noted and in Pasteur's time, sea bathing was the popular remedy. When Pasteur was a child a mad wolf bit many people in his home town, and eight persons died of rabies. In fact the great mortality following bites of mad wolves and dogs, and the horrible death made it especially desirable to find a cure or preventive. All attempts at growing the organism on artificial media failed; but Pasteur finally succeeded in transferring the disease from one animal to another by inoculating bits of the brain through the skull of a healthy dog. When a dog is inoculated in this way the disease appears in fourteen days and death appears at twenty. By inoculating a large series of rabbits he finally found that it appeared with almost clocklike precision on the seventh day. If

the brains and spinal cords are removed antiseptically and dried at 23 degrees C. they lose all virulence on the fourteenth day. Pasteur succeeded in rendering a dog immune by inoculating it with bits of rabbit cords beginning with one without virulence, and gradually approaching the virulent type. He was still seeking a cure, and found that in fourteen days, a much shorter time than it usually takes the disease to develop, he could cause immunity and prevent the disease. He repeated this experiment on many dogs, and found that it always worked. On July the 6th, 1885 a child nine years old going to school was badly bitten by a mad dog. The physician knowing of Pasteur's work sent the little boy and his mother to Paris. Pasteur was sure of his laboratory experiments, but he could not decide to use his method on a human being, so he went to talk it over with his friend the Surgeon Vulpian. Together they carefully went over his experiments and their results. In conclusion Vulpian said that the child faced certain death without it, and that the results justified its trial. So, the child was given an injection of a piece of cord of a rabbit that had been dried for fourteen days, and for every 24 hours an injection of a piece of cord that had been dried one day less. Pasteur could hardly eat or sleep while this was going on, but the child appeared well and at the end of two months when the child lived it was considered safe and subsequent events showed that this conclusion was justified. After five years of study, rabies was conquered. The most virulent type could be successfully prevented if the treatment was inaugurated soon enough. A ward was now provided for the treatment of such cases. On March the 1st, 1886, 350 persons had been treated with only one death, whereas a mortality before that had been forty per cent of cases bitten by dogs, taking all bites together, and 82 per cent in wolf bites. In March, 1886 nineteen Russians who were bitten by a rabid wolf were brought to Paris for treatment. Pasteur's name was the only French word they knew. A fortnight had passed since they were bitten, and Pasteur was alarmed for their safety. Two of them died, but the rest were saved.

Pasteur was constantly criticised, and in his later days all sorts of persons attempted to argue with him. One day a physician succeeded in reaching him and after delivering a long talk on morbid spontaneity, Pasteur replied: "Sir, your language is not very intelligible to me. I am not a physician and do not desire to be one." However, he lived to see his discoveries accepted throughout the scientific world and to receive the profound thanks of the members of the profession which had so often met his exact

knowledge based on experiments with sophistry. On June 13, 1895, he visited the Institute he had founded, for the last time. He died September 28, 1895.

Pasteur discovered many practical things in the treatment of disease but the results of his life of discovery is best summed up in the words of Pau' Burke before the Chamber of Deputies. He divided them into three classes; all of them great discoveries.

"First, each fermentation produced by the development of a special microbe. Second, each infectious disease (at least those studied by Pasteur and his immediate followers) is produced by the development within the animal of a special organism. Third, the microbe of an infectious disease cultivated under certain detrimental conditions is attenuated in its pathogenic activity; from a virus it has become a vaccine."

The practical results of his work can never be estimated. If the true measure of success is the service one renders to his fellowmen, then Pasteur was one of the greatest men that ever lived; for every person living in civilized communities is indebted to him because life is rendered easier and safer by the discoveries he made. Measured in terms of money, (which is the only standard the average man of modern times can understand) his success was far greater than our modern kings of finance. According to Huxly "Pasteur's discoveries alone would suffice to cover the war indemnity of one billion dollars paid by France to Germany in 1871." The wealth created as the result of his work alone, not including the results of investigations started by him, is more than sufficient to pay for all the laboratories, equipment, salaries and libraries that have been used in research work in Biological Sciences in the entire world.

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IMPETIGO.

H. W. MANNING, M. D., Eureka, Kansas.

Read Before the Greenwood County Medical Society, April 5, 1910.

In the early days of dermatology the formation in the skin was regarded as a special disease to which the term impetigo was applied. From this loose use, Tilbury Fox rescued the term when he applied it to the well known symptom complex which he called impetigo contagiosa.

Since Fox's description of impetigo contagiosa there has been considerable diversity of opinion as to whether this was a specific disease or a condition which presented no essential differ-

ence from superficial pustular lesions in the skin resulting from accidental inoculation with any of the common pus organisms.

All the various divisions of impetigo is a matter of academic refinement which cannot be justified by any essential difference in the essential forms of impetigo, or by any clinical differences which serve to distinguish them. As Brockhart has shown the condition which we describe as impetigo can be produced by the common streptococcus and staphylococcus, and as for special varieties of impetigo such as impetigo figurata, they simply refer to occasional peculiarities of configurations which are not essential characteristics. The different forms of impetigo then may be regarded as a part of one clinical condition and the term may be used quite as well without qualifications to describe the pustular and vesicular lesions which are produced in the skin by infection with common pus organisms.

The lesions of impetigo may be at first vesicular which later become pustular or they may be pustular from the start. The vesicles or pustules arise from an inflammatory base, are rather large, are usually rather flaccid but may be tense, and soon after their development they begin to flatten down with the formation of a crust at the center while they spread somewhat at the periphery. In the course of a few days the lesions become covered with yellowish or yellowish brown crusts or rupture and leave an abraded red surface from which there is an exudation of serum and pus which dries into crusts upon the surface. The lesions heal after a few days, the crusts are thrown off and a temporary red stain is left.

The vesicles and pustules of impetigo usually increase after their appearance. In this way a single pustule may develop into a good sized bullæ, perhaps tense and oval but usually soft and flaccid—this flattened down into a crust, around which, there may be a pustular border which tends to creep and still further enlarge the lesion. In this way individual oval lesions the size of the finger nail or larger may be formed. The large bullæ of impetigo however, may result from the confluence of adjacent lesions and are of irregular outline.

An impetigo may consist of no more than two or three discrete pustules which go through the evolution outlined above. Ordinarily the disease consists of one or more patches at different sites of inoculation. The patches are made up of groups of lesion which coalesce and form irregular areas of pustular dermatitis of the size of a coin or larger around which discrete satellite pustules may be found. The patches are usually covered with a yellowish

or brownish crust, upon the removal of which a red weeping surface is exposed. In many cases the patches become covered with a thick dirty yellowish crust which covers the entire inflamed area so that no red areola shows and the crust looks, to use Fox's expression, as though they had been "stuck on" the surface.

Impetigo may occur wherever there is an abrasion. It occurs most frequently on those sites where abrasions are commonest and exposure to infection greatest. It is therefore most frequent on the face, especially around the nostrils and mouth. A typical impetigo is the pustular infection that frequently occurs as the result of infection of fever blisters. Because of its production by the scratching that head lice induces, it is very common on the scalp. The eruption may, as already said, consist of a few pustules or it may spread almost completely over the head and face and occur upon the hands and feet and to a certain extent over the body generally.

The course of the disease is indefinite. A single patch of the eruption will disappear of itself in seven to ten days if no inoculation occurs, but the disease will continue as long as inoculations continue. It frequently occurs for weeks and even months and becomes very extensive where its character is not recognized and proper treatment instituted.

The itching associated with the lesion is inconsiderable; that is its chief distinction from patches of eczema which becomes secondarily infected. As a rule there is no constitutional disturbance, but where the disease is very extensive there is moderate fever from absorption of toxins.

Some of the lesions of impetigo may go on to suppuration, so that we may have cases in which together with pustular lesions there is a greater or less abundance of inflammatory papular lesions. In certain cases the lesions tend to spread widely at the periphery and with extension new peripheral pustules form. Thus lesions of crescentic or circular outline will be formed, and where many such lesions occur upon the surface they coalesce and produce fantastic polycyclic forms. Crocker speaks of gyrate impetigo as rare, but in my experience the tendency to circinate arrangement is not uncommon and certainly would not confuse anyone. The so-called impetigo of Brockhart, where the lesions occur around hairs, often produces primary tense, globular yellow pustules varying in size from a minute pustule up to those as large as a pea. This form of impetigo occurs upon the hairy parts, especially upon the bearded parts of the face. A typical picture of it is the impetigo of the face which develops from infection around the hairs as the

result of shaving. According to Brockhart this form of impetigo is always due to infection with staphylococci, but even accepting that this an universal fact, Brockharts impetigo presents no essential clinical differences and no distinction of practical importance from simple impetigo.

About seventy-five (75) per cent of cases of impetigo occur in young children. It is more frequently in the poor and uncleanly, but it is not confined to any class of society. All that is required for its production is an abraded surface and the presence of pus organisms. It starts frequently in abrasions like fissures and cold sores about the mouth and nose, and it is a common sequel of parasitic diseases which cause scratching. Impetigo is auto and hitero—inoculable. It is contagious and frequently occurs in epidemics. Epidemics of impetigo are frequently excited through the exchange of clothing and the common use of towels. It is not infrequently occurs with vaccination, as it may with any other focus of suppuration. The study of most authors have established the fact that impetigo may be produced by either the common staphylococci or streptococci. It is most frequently produced by the staphylococcus aureus. Crocker first described cocci in unruptured vesicles, and later showed that some of the cases were due to the staphylococcus aureus. We are chiefly indebted to Brockhart's investigation for the establishment of the fact that the disease has no specific organism, but in all of its forms is a manifestation of infection of the superficial layers of the skin by any of the common pus organisms.

The lesions are the result of a very superficial inflammatory process involving chiefly the epidermis and the papillary layer. The pustules are formed between the horny layer and the rete. There is no ulceration of the connective tissue and no scarring follows it.

The most important practical matter in the case of impetigo is the recognition of its character. That being done the treatment is a simple matter. If one remembers that the lesions are such as may be produced by an infection of any superficial abrasion, as for example a cold sore it would seem that the recognition of the condition would be easy but the fact remains that its character frequently escapes detection. The characteristic features of the disease are that it begins with inoculation of an abraded point, its lesions are those of pustular dermatitis, and the process is so superficial that scarring does not follow the lesions.

It must be distinguished from pustular eczema, cycrosis, ulcerating syphilide, chicken pox and pemphigus. In a pustular

eczema we have a secondary infection of an early dermatitis, so that practically we have an impetigo superimposed upon an eczema. With the removal of the infection the eczema is left. If it is an eczema of local origin and the cause no longer acts the eczema may go on rapidly to a cure. If it is an eczema of internal origin, in addition to the patches of pustular eczema, other eczematous lesions which are not pustular will in all probability be found in other parts. But the distinction of pustular eczema and an impetigo is one largely of names as far as the lesions are concerned.

In cycrosis there is a pustular folliculitis deeply involving the hair follicles, in some of which the hair is loosened and the follicles distended with pus. There is a swelling corresponding to the depth of the inflammatory process. In impetigo the pustular dermatitis is upon the surface of the skin and does not involve the follicles deeply and there is no swelling.

In ulcerative syphilides with crusting there is a destruction of the connective tissue and scar formation, both of which are absent in impetigo.

In chicken pox the lesions are smaller and do not occur in patches, are bilateral and have a regular distribution. The disease pursues a regular course and is accompanied by some constitutional symptoms.

In pemphigus the bullæ occur suddenly and spontaneously with almost no inflammatory areolæ, are entirely independent of abrasions and inoculations. Their contents are at first likely to be sterile, and the disease is not contagious. Most of the cases of bullæ eruptions are forms of impetigo.

Nothing is easier to treat than impetigo if its character is recognized and if the cause of the abrasions which become inoculated can readily be removed. The only cases which are troublesome after they are recognized are those which are produced by scratching, resulting from some irremovable or undiscoverable cause. The treatment of impetigo consists of cleansing the lesions of pus and dirt and the subsequent use of antiseptic applications where there is much crusting and suppuration these may be removed by copious dressings of boric acid and vaseline. Usually the surface can be cleansed more readily by thorough washing until all crusts are removed with boric acid solution or similar antiseptic solutions. After this there should be applied two or three times a day an antiseptic ointment. The ointment of ammoniated mercury 10 to 30 grains to the ounce of vaseline or cold cream is usually employed and leaves nothing to be desired. If the disease is on the scalp, lice should be looked for carefully and

destroyed and then the lesions treated as elsewhere. In extensive cases over the body antiseptic baths should be given until the lesions are cleansed and the ointment applied.

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A PECULIAR CASE OF POISONING.

E. W. BOARDMAN, M. D., Parsons, Kansas.

Read Before the Medical Association of the Southwest, San Antonio, Texas, Nov. 9, 1909.

On the evening of September 7, 1909, Mrs. R., aged 20, the mother of a boy 9 months old, inserted two of Lilly & Co., diamond shaped antiseptic tablets into the vagina after intercourse, instead of dissolving them in water and using with syringe as was her custom. These tablets contain 7.3 grains corrosive sublimate each. Within two hours she was taken with violent purging, vomiting, and vesical tenesmus, and during the night she used the syringe, washing out what remained of the tablets in the vagina.

The vomiting and diarrhoea continued the next day, but towards evening the bowels ceased acting. On the second day the gums became very sore, had a metallic taste, and the throat became fiery red, with burning extending into the stomach, which continued to reject everything. This gastro-enteritis continued, apparently affecting the entire alimentary canal.

On the fourth day she suffered from extreme dyspnoea, caused, she said, by the throat swelling shut so that she could not breathe. There was very little salivation, all the secretions of the body being dried up after the first two days. The urine was absolutely suppressed after the first night, and on the fourth day, and again on the sixth day I introduced a catheter into the bladder without finding a drop of urine.

The vaginal mucous membrane had the same fiery red and dry appearance that the oral cavity exhibited, and was swollen and sore, but not ulcerated as might have been expected. About the fifth day she began to have hiccoughs which would continue for an hour or more at a time, and which persisted more or less until her death.

Attempts were made to nourish her with milk, eggnogg, egg albumen, mutton broth and various artificial foods, but there seemed to be no assimilation, and sooner or later whatever was taken into the stomach was vomited up. High injections of normal salt solution and nutrient enemata were administered during the last few days. These merely served to irritate the rectal mucosa, and brought about a dysenteric condition.

For five days and nights not a drop of urine was excreted, then a few drops were passed, and during the last few days she urinated scantily two or three times a day, the total amount in 24 hours never exceeding 4 $\bar{3}$. opaque whitish yellow, sp. gr. 1018, with a trace of albumen in it.

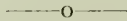
After the sixth day she became somewhat stupid, slept heavily at times, but was always rational when aroused. Symptoms of peritonitis developed and she became quite tympanitic. There was a carrion like odor to the alvine discharges and nearly as bad an order to the breath and vomitus. At no time did her temperature rise above 102 and most of the time it was about normal.

Exhaustion steadily increased in spite of all efforts to sustain her strength, and she died on the eleventh day following her deplorable mistake. An autopsy was refused.

Clinically this case was one of subacute mercurial poisoning and such remedies as were used seemed to have absolutely no effect in staying the onslaught of the terrible systemic poisoning. Only one dose of morphine was administered as she imagined it greatly aggravated her vomiting. We tried to give her iodide of potassium in small doses but she complained of it hurting her stomach very badly. Strychnia was given a few times, and such other remedies as seemed indicated.

The main purpose in presenting this case is to incite physicians to caution their patients against these deadly tablets, which have rendered incalculable service to humanity when properly used by competent surgeons and physicians, but which are more deadly than a rattlesnake or a mad-dog when misapplied. Many women are using them for the same purpose that this young woman used them, without a thought or perhaps without knowledge of their great danger. I have seen bottles of them standing upon dressers and in bath rooms, where a child might reach them, and doubtless some among my hearers can rehearse equally sad cases of poisoning among women and children.

I only hope that my relating this pitiful case, in the treatment of which the attending physician attained neither glory nor self-satisfaction, may be the means of extending a warning which may perchance save some life from a similar sacrifice.



In examining the breast for a tumor, the points to be particularly noted are whether tenderness is present or not, whether the mass is localized or diffuse, adherent to the skin and muscles or freely movable, hard, soft, or fluctuating, and whether glandular enlargement exists.—International Journal Surgery.

THE JOURNAL

OF THE

Kansas Medical Society.

JAMES W. MAY, - - - - **EDITOR.**

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS

Subscription Rates: \$2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1904, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

LIST OF OFFICERS. President, O. P. Davis, Topeka; 1st Vice-President M. F. Jarrett, Ft. Scott; 2nd Vice-President, J. T. Axtell, Newton; 3rd Vice-President, G. W. Jones, Lawrence; Secretary, Chas. S. Huffman, Columbus; Treasurer, L. H. Munn, Topeka; Librarian, S. G. Stewart, Topeka.

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EDITORIAL

OUR PRESIDENT.

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Born in 1869 in Indiana. Has resided in the states of Missouri and Kansas since the year following.

Early education in the public schools. Attended Drury College, Springfield, Mo., for four years.

Attended University of Kansas, and received degree of A. B. in 1892. Was an instructor at the University in 1893-94, and did post-graduate work.

Teacher of Chemistry and Biology in Topeka High School 1892-93.

Medical Education, M. D., University Medical College Kansas City, Mo., 1896; M. D., Bellevue, Hospital Medical College, New York City, 1897.

Professor of Principles and Practice of Medicine in Kansas Medical College, Topeka, for several years.

Married in 1900 to Miss Mabel Glendering of Topeka, have two children.

President of Shawnee County Medical Society in 1906.

President of North East District Medical Society in 1909-10.

President of Staff of Bethesda Hospital, Topeka.

Member of Council of Kansas Medical Society for last three years.

Salina, Kansas, April 15, 1910.

Journal Kansas Medical Society:

The Golden Belt Medical Society wishes to again call your attention to the following resolutions adopted at its July meeting last year:

"Whereas, The Topeka Capital and certain other leading newspapers in this section of the country, have from time to time displayed in various forms, advertisements of one Carson of Temple of Health fame of Kansas City, Missouri, and

Whereas, The methods of said Carson are known to be fraudulent and prejudicial to the best interest of the state, therefore, be it

Resolved, By the Golden Belt Medical Society in session regularly assembled that it is the sense of this Society that such advertising is fraudulent and calculated to mislead the public, and that we, as physicians, feel it is our duty, to discourage the circulation of publications carrying advertisements of such character, and it is further

Resolved, That a copy of these resolutions be spread on the minutes and that a copy be sent to each physician in the state of Kansas and to such papers as carry such advertisements, and that a copy be sent to the State Medical Journal for publication."

L. O. NORDSTROM, Sec'y.

The above letter has been sent to all physicians of the state. That this action is commendatory there is no doubt, and we should all do our utmost to help it along. There should be some concerted action taken against quack and nostrum advertising and this will be a good beginning. We have lain dormant too long and we should awaken to the necessity of protecting the laity since they refuse to protect themselves.

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THE TOPEKA MEETING.

Topeka did herself proud in the entertainment of the society, and the physicians of Shawnee County deserve unstinted praise for the efforts they put forth. In the first place Topeka has ample hotel accomodations and her railroad facilities are all that could be desired and with this as a basis to work upon good results can always be obtained. The place of meeting for the scientific program, Representative Hall, was ideal in that it was as noiseless as it is possible for a hall to be. The accoustic properties do not seem to be all that could be desired for some of the essayists had trouble in being heard in the rear of the hall. However when one put a little force to his voice it could be plainly heard in all parts of the room.

The papers read were good, showing careful preparation, the only criticism, however, would be that some were too long. Not because they were not of scientific interest, but because of the large program, and insufficient time to get through with it. On this account the discussions had in many instances to be curtailed and valuable papers were passed by with but little discussion. The by-laws expressly provide that a paper shall not consume more than twenty minutes, and this should be adhered to. However, when a paper is of exceptional scientific interest the society is a ways ready to vote to have a paper finished even if it does exceed the time limit.

Having the Council and House of Delegates meet at 9 o'clock on the first day of the session is a wise move, as it obviates the necessity of spending a large part of a day in getting to the meeting place when the traveling can be done at night. The council and delegates seemed to appreciate this feature. The time of the Council and House of Delegates was not taken up with needless discussions and the business part of the session was much expedited on this account. The council and delegates voted to hereafter allow the council to select a place for the annual meeting. A committee was appointed to confer with the editor of the Topeka Capitol in reference to quack advertising, which it has been carrying. The committee will report later.

The entertainment provided by the Shawnee County Society, was as complete as time would allow to be fulfilled. On Wednesday the ladies were entertained by the Topeka Federation of Women's Clubs. In the evening there was a reception at the Governor's Mansion. Owing to a previous engagement the Governor had to be out of the city, and Mrs. Stubbs did the honor charmingly. Thursday noon a men's luncheon was tendered the visiting physicians at the Commercial Club. Dr. W. E. McVey presided and short talks were made by Drs. E. S. Pettyjohn, C. C. Goddard, O. J. Furst and J. W. May. The visiting ladies were tendered at a luncheon Thursday noon at the Throop hotel, and in the afternoon a reception. An automobile ride which had been planned had to be postponed on account of the rain. In the evening there was a theatre party for all the guests which was thoroughly enjoyed by all. All in all the Topeka doctors did themselves proud and we bow our acknowledgements.

NOTES OF THE TOPEKA MEETING.

The proceedings of the last meeting will appear in full in the June issue of the Journal.

The meeting next year will be held at Kansas City the Council accepted the invitation at its meeting on Thursday afternoon.

Two of our "old timers" who always attend the sessions together are Drs. Fisher and Vermillion of Lyons. They appear to be inseparable.

Many more of the physicians were accompanied by their wives than there has been heretofore. There was much more entertainment provided for them.

None of the vice-presidents attended the meeting and when the president had to absent himself with the Council and House of Delegates, Dr. Shannon of Hiawatha presided.

The hard rain on Thursday did not dampen the enthusiasm of the visitors though it is reported that our Treasurer was much put out on account of a postponement of the ball game.

The address of welcome was delivered Wednesday morning at 10 o'clock, by the Hon. W. R. Stubbs, Governor of Kansas, who in a few well chosen words pointed out the great opportunities the physicians had to do good and extended to them the freedom of the city. James W. May responded.

The officers elected were: President, O. P. Davis, Topeka; Vice Presidents, M. F. Jarrett, Fort Scott, J. T. Axtell, Newton, G. W. Jones, Lawrence; Treasurer, L. H. Munn, Topeka. Dr. W. E. McVey was elected to fill the vacancy caused by the election of O. P. Davis to the Presidency. All the Councillors whose terms expired were re-elected.

There were not as many exhibitors as has been the custom. This was probably due to the fact that manufacturers are doing less of this form of advertising. Horlick's Malted Milk Co., Hettinger Bros., Physicians Supply Co. Jerman & Co., of Topeka, C. V. Mosby and one or two others were all the exhibitors.

The hit of the social meetings was made by Dr. C. F. Menninger of Topeka, who was one of the active members of the entertainment committee. At the reception Wednesday evening, he carried off the honors with his charming manner and perfect presence. He had a little speech for all of the guests which was appreciated by all present except perhaps the jealous others who stood in the receiving line.

The Alumni of the College of Physician's and Surgeons (which went to make the Medical Department of the Kansas University,) had a dinner and meeting at the National Hotel, Thursday evening at 6 o'clock. Officers elected were: President, G. M. Anderson, Beverly; Vice-President, C. D. Vermillion, Tescott; Secretary, J. A. Fulton, Kansas City. Next year a re-union is being planned to take place during the meeting of the society. If other schools would plan a re-union of this sort, the attendance at the state society would be largely increased.

SOCIETY NOTES.

The Missouri State Medical Association held their annual meeting at Hannibal, May 3-4-5.

The American Medical Association meets at St. Louis, June 7-8-9-10. This should be well attended by the physicians of Kansas on account of its close proximity. The meeting promises to be one of the best both scientifically and socially.

The American Proctologic Society will meet at St. Louis, at the Planter's Hotel, June 6-7. The president is, Dr. Dwight H. Murray of Syracuse, New York, and the secretary Dr. Lewis H. Adler, Jr., of Philadelphia.

The Elk County Medical Society met at Howard, Kansas, March 30, 1910, at Dr. DePew's office for the purpose of election of officers for the ensuing year and other business to the interest of the society. The present officers were voted to remain in their positions until the December meeting when officers will be elected as per provision made in regular form of elections in county societies throughout the state.

Dr. Hays presented an interesting paper on Vital Statistics.
Dr. Arch D. Jones, Wichita, Kansas, Councilor of this dis-

trict, was present and gave to the society some very interesting information pertaining to the workings of county societies.

Members present: Dr. Beesley, Moline; Dr. Day, Longton; Drs. Costello, Hays, Grimmell and DePew of Howard; Dr. Arch D. Jones, district councillor, Wichita, Kansas.

F. L. DEPEW, Sec'y.

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The Riley County Medical Society met in regular session on March 15, 1910, at 8 p. m., with the president, Dr. J. D. Colt in the chair.

A paper was presented by Dr. A. G. Koch on., "Thyroid Secretary Diseases."

A paper was presented by Dr. C. F. Little on, "Missed Labour."

The subjects were discussed by the members present.

B. BELLE LITTLE, Sec'y.

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The Republic County Medical Society met at Dr. Wm. Kamp's office in Belleville, in the evening of March 24, 1910.

There were sixteen members present of a total membership of seventeen. Papers were read by Dr. Wm. Kamp of Belleville, and Dr. J. C. Sherrard of Norway.

These were very interesting and were freely discussed by the members present.

A case of a misunderstanding of what constitutes medical ethics was brought before the society for consideration and a spirited discussion took place, which will undoubtedly be of benefit to all.

J. C. DECKER, M. D., Sec'y.

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The second district (south-east Kansas) Medical Society held its semi-annual meeting in the Stillwell Hotel, Pittsburg, April 12, 1910. Over fifty doctors registered during the afternoon session, and many were present at night who failed to register.

The visiting doctors were royally entertained, and all appeared to enjoy the automobile ride and the banquet, as well as the program.

At the election the following officers were chosen: President, L. D. Johnson, Chanute; Secretary, O. S. Hubbard, Parsons; Treasurer, M. F. Jarrett, Fort Scott.

The program follows: Diagnosis of Diseases of the Nervous System. O. S. Hubbard, Parsons; Hyperemia, N. C. Speer, Osawatomie; Formalin and its Application in Special Practice, T. R. Edwards, Chanute; Mouth Breathing, H. B. Caffey, Pittsburg;

Angina Pectoris, W. E. McVey, Topeka; Some Thoughts on Catarrhal Pneumonia, W. G. Norman, Cherryvale; Some Nervous Phenomena Arising from Pelvic Abnormalities, T. W. Shelton, Independence; Diagnosis Resource, Frank J. Hall, Kansas City, Mo.

The society voted to hold its next meeting in Chanute.

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Eureka, Kansas, April 8 1910.

The Second Quarterly meeting of the Greenwood County Society met at the home of Dr. H. W. Manning, April 8, and after a banquet the following program was carried out: Papers: Impetigo, by Dr. H. W. Manning; Asthma, Dr. F. S. McDonald; Rheumatism, Dr. J. Dillon. The next regular meeting will be July 5, at which time the plans for a public meeting in October will be discussed and a program arranged.

Greenwood Society is sure a live one tho' all its membership will not attend.

DR. H. W. MANNING, Sec'y.

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The Labette County Society met last night, April 27th, in the parlor of the Matthewson Hotel, Parsons.

Fourteen doctors were present and an excellent program rendered. Dr. N. C. Morrow of Altamont reported a Casarian section recently performed on a deformed woman with a flat pelvis in which the mother made a good recovery, and the infant though rather frail bids fair to become strong.

Dr. G. W. Maser of Parsons reported a case and demonstrated a specimen obtained by the enucleation of an eye which had been injured some 50 years ago and had recently given trouble and threatened sympathetic involvement of the other eye. The vitreous humor had been replaced by a mass of stony hardness, probably due to lime salts. The doctor stated that such cases are very unusual.

Dr. Emma Hill of Oswego read a paper on pelvic inflammations, giving special attention to their etiology and prognosis, and offering some suggestions on prophylaxis.

Dr. Morrow conducted a quiz on the anatomy and diseases of the pelvis.

One new member was elected and one new application received.

The society placed itself on record as favoring the Department of Health as proposed by the bill introduced by Senator Owen of Oklahoma.

Salina, Kansas, April 12, 1910.

To Kansas Medical Journal:

The Golden Belt Medical Society held its annual meeting in the Library Building here on Thursday April 7th. The meeting was called to order in the afternoon by the President Dr. W. S. Yates, of Junction City. The afternoon session was devoted exclusively to business after which the society repaired to the National Hotel where it was entertained at dinner by the Salina physicians.

Preceding the scientific program the following officers were elected: President Dr. O. D. Walker, Salina; First Vice President, Dr. P. B. Witmer, Abilene; second vice-president, Dr. J. D. Colt, Manhattan; secretary, Dr. L. O. Nordstrom, Salina; treasurer, Dr. W. S. Harvey, Salina.

The following program was given: The annual address "Fellowship relation of One Physician to Another and to the Public," Dr. W. S. Yates, the retiring president.

Symposium on Rheumatism: "Etiology" Dr. W. S. Harvey, Salina; "Non-Medical Treatment," Dr. O. R. Brittain, Salina; "Acute Endo-Carditis," Dr. E. L. Simonton, Wamego; "Control of Hemorrhage," Dr. W. E. Fowler, Brookville. The papers were fully discussed. Manhattan was chosen for the next meeting place.

L. O. NORDSTROM, Sec'y.

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NEWS NOTES

Kansas has one physician to every 642 persons.

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Miss Jessie Mae Smith of Groveland and Dr. Charles Edward Fisher of Lyons were recently united in marriage.

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The American Medical Editors Association will hold their annual meeting at the Planters Hotel, St. Louis, June 6-4.

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Dr. C. A. Reinemund of Junction City will leave June 14th for Europe to spend 6 months or more in Vienna and Berlin studying.

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Dr. C. S. Kenney has removed from Norcatur to Norton. He took the place of E. L. Willson. Dr. O. M. Cassell of Bird City has taken Dr. Kenneys place at Norcatur.

Dr. Walter C. Klein, assistant visiting physician an exinterne of St. Joseph's Hospital of Kansas City, Mo., a graduate of the Kansas University is now located in general practice at Phoenix, Arizona, where he will be glad to see any of his old friends.

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The Kingman County Medical Society held their annual meeting March 10th and elected the following officers: President, Dr. A. C. Johnson, Vice-President, Dr. H. E. Haskins, Secretary, Dr. J. S. Caldwell, Treasurer, Dr. C. W. Longenecker.

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Antituberculosis Society at Topeka.—The Topeka Antituberculosis Society, with A. A. Godard as president, was organized April 13. A constitution and by-laws were adopted, and addresses were made by D. M. Fisk, of Washburn College and Mr. Deacon, of the State Board of Health.

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There should be a large attendance from Kansas at the Sixty-First Annual American Medical Association Meeting, June 7-10 at St. Louis. The nearness of the meeting place, combined with the low railroad rates should be an inducement that none can afford to turn down. The May 7th issue of the A. M. A. Journal gives an elaborate announcement of the meeting.

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Public Health Meeting.—At a public health meeting at Wellington, under the auspices of the Sumner County Medical Society, Dr. Samuel J. Crumbine, Topeka, secretary of the Kansas State Board of Health, delivered an address on the subject, "Water and Soil Pollution." Other public questions were discussed by members of the society, Ex-Judge W. T. McBride and Senator George Hunter. A resolution was passed that congressmen from Kansas be requested to support the bill establishing a national bureau of public health.

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Communications.

Wichita, Kansas, April 12, 1910.

Editor Kansas Medical Journal:

Dear Sir: I want to report what I believe to be the first case of hookworm disease reported in the State of Kansas, and call the attention of the profession in general of not only this but all northern states to the fact that it is a disease which we may have been and may still be overlooking, and which may be very easily imported here, by those who have been sojourning in southern states.

The case, I wish to report, is that of a lady of 32 who, came to my office less than a week ago and recited a list of symptoms, which she had gradually accumulated over a period of four months and which sounded like a recital from a treatise upon the symptomatology of hookworm disease, and wound up by presenting herself for inspection and examination to see if I could tell her "what in the world made her feel so bad when she was not sick and was holding her own so well in flesh." Upon inspection she presented a sallow complexion, a milky white sclera, pale tongue and mucous surfaces, a patch of dermatitis upon the tibial and external surfaces of the right leg, and probably as large as my hand. Also flabby muscles, and several tender points, as well as a protuberant abdomen, which latter symptom she claimed was a condition which had only existed for a few weeks. Her chance remark that she had not felt well since returning from a trip through the southern states last autumn," brought our attention up with a jerk, and as I had myself been through the states of Miss., La., and Tenn. as well as up the river by steamer last September, and had had the good fortune to see several cases of hookworm disease, through the courtesy of the physicians in charge, and also of attending one medical meeting where I saw not only several of the cases, but a microscopic demonstration of the ova and of the hookworms themselves, that diagnosis at once suggested itself, and after preparing the patient by fasting and purging, she was given powdered thymol and salts in the order mentioned. And a careful microscopic examination of the bowel dejections assisted by Dr. Phares revealed a multitude of the ova and entirely too many worms themselves for the patients peace of mind. Another startling thing revealed was that what had appeared to be a very satisfactory state of bodily flesh, was in reality a strikingly advanced state of emaciation which had been masked by a general edema, of a very deceiving character. The face, which had appeared plump at first inspection, was now hollow and ghastly, and emaciated to a frightful degree, and all out of proportion to the amount of bowel discharge, and purging. She seemed in twenty-four hours to have lost 20 pounds and had really lost 5.

Hoping that this will catch the eye of the profession at large and cause a careful scrutiny of all patients who hail from the south or who have traveled through that region, who happen to come with suspicious symptoms, and result in the diagnosis and prompt relief of every one, and prevent the regrets which I happen to feel as I remember one young lady hailing from Tenn., whom I saw last summer and sent away, while myself still unsatisfied as to

diagnosis, and whom I would love mightily to recall, now, in the light of this recent experience, and re-examine.

I am yours sincerely,

K. B. FORD.

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Obituary.

George C. Purdue, M. D., Medical College of Evansville, Ind., 1880; a member of the American Medical Association; the Southwestern Surgical Association and Western Surgical and Gynecological Association; surgeon-in-chief at the Wichita, Kan., Hospital died in New York City, April 12, from peritonitis, following an operation for acute appendicitis, aged 56.

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James M. Barbour, M. D. Homeopathic Hospital College, Cleveland, 187-; of Pittsburg, Kan; a veteran of the Civil War; died in the Osawatomie State Hospital, April 6, from organic heart disease, aged 73.

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John Meiners, M. D. Kansas City (Mo.) Hahnemann Medical College, 1905; of Tipton, Kan; died at that place, January 9, from intestinal obstruction, aged 31.

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Abraham Grove Magill, M. D. American Medical College, Eclectic, Cincinnati, 1854; died at his home in Silver Lake, Kan., February 27, from heart disease, complicating disease of the kidney, aged 76.

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CLINICAL NOTES

Glycerine dressings covered by rubber tissue, are frequently more useful than the ordinary wet dressings in reducing inflammatory swelling and in relieving pain.—American Journal Surgery.

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At least one good surgeon (Treves) never permits an intra-abdominal pedicle ligature to include undivided peritoneum. He always exposes the vessel itself, except in omental pedicles.—American Journal of Surgery.

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We are once more given the perennial advice of applying a mixture of four drachms of zinc oxide and one of phenic acid to the pint of lime water for the eruption of poison ivy. We have found that the application of ethylic alcohol is cleaner, less visible and brings about just as good results. It is true that it burns slightly when first applied, or rather it imparts a burning sensation,

but this is merely temporary, and is fully counter balanced by the cessation of the subjective symptoms inherent to the disease.—*American Journal Dermatology.*

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The tab of skin that is left at the lower part of the prepuce, after a circumcision, is usually due to the fact that the physician, who operated, was afraid of cutting the artery of the frenum. It is good practice to do so and not leave a memorandum of a job that has been poorly or inefficiently done. He who sees many cases, is often called upon to remove this "elephant's ear."—*American Journal Dermatology.*

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Abuse of Hypodermic Medication During Operation.—H. G. Wetherill, Denver (*Journal A. M. A.*, May 7), condemns the practice of hypodermic stimulation during and after operations, and states that anesthetists and surgeons who have had the largest experience seldom use it. The best results and the lowest mortality of the busiest surgeons of to-day are attained by the simplest methods. Careful diagnosis and accurate estimates of the ability of the patient to undergo the operation are made. He is prepared with care, the anesthetic is wisely chosen and skilfully given, he is operated on without avoidable exposures, delays or hemorrhage, he is returned to a warm bed, placed in a favorable position, watched by a competent nurse and let alone. If he is very restless and really suffering from shock or severe pain as he emerges from the anesthetic he may be given a moderate dose of morphin and atropin but, notwithstanding its stimulating and soothing effect, he is ordinarily better off if it can be omitted. No strychnin, no spartein no digitalin, no nitroglycerin—no whip and spur for a tired and jaded and played out or overworked heart, if such he has—no piling up of new poison to impose additional burdens on the organs of elimination. Let him alone. Keep him warm and very quiet. Give him all the water he can absorb by the avenue of choice; mouth, rectum, under the skin, or within the peritoneal cavity, and as few drugs as possible.

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Local Anesthesia in Ano-rectal Surgery.—Dr. S. G. Gant (*Ky. Med. Jour.* Jan. 1, 1910) states that after extensive experiments with various local anesthetics and with sterile water, he has come to the conclusion that the most reliable agents to employ in operations about the anus and rectum are a one-eighth per cent. eucaine solution and sterile water or a normal salt solution. The ano-rectal diseases operable under local anesthesia are hemorr-

hoids, fistulæ, simple prolapsus ani, fissures, anal papillæ, ulcers, polypi located near the anus, rectal abscesses, hypertrophied rectal valves, stricture within the anal canal, some congenital malformations of the anus, sacral fistulæ and dermoids, condylomata and lipomata of the lower rectum and buttocks, incipient anal epitheliomata, peri-anal cysts, foreign bodies located beneath the skin and mucosa near the anus, division or divulsion of the sphincter for the relief of constipation, fecal impaction and sphincter-algia. Colostomy, appendicostomy, colopexy, cecostomy and celiotomy have been also performed under local anesthesia by the author for the relief of intestinal obstruction, constipation and chronic invagination, for exploratory purposes, and to improve the condition of patients suffering from rectal procidentia and the various types of ulcerative colitis causing chronic diarrhoea.—International Journal Surgery.

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RENAL TUBERCULOSIS.—The importance of the early diagnosis of renal tuberculosis is emphasized by Dean Loree, Ann Arbor (Journal A. M. A., April 16), who points out that the disease in its beginning presents bladder rather than kidney symptoms, hence the error of the earlier writers in deeming the bladder to be primarily infected. Recent investigation, aided by the urethral catheter, has proved the hemitogenous origin of the disease. Patients presenting themselves to the physician with frequent painful or burning micturition without definite origin should excite suspicion of tuberculosis, and a very rigid physical examination should be made of the lungs as well as of the genitals. Early symptoms in the kidney region are of less value, as slight pain and enlargement may mean only hypertrophy of the sound side. Great diagnostic importance is attributed by Fenwick of London to a thickened ureter in the female if combined with a displaced and contracted urethral orifice. Much can be learned by the use of the cystoscope, and the localization of the disease is only possible with the ureteral catheterization. The use of these instruments, however, is something difficult on account of the disease. At the onset of the irritation the bladder mucosa is much inflamed and congested, rendering the use of the instruments difficult until the condition has been altered by irrigation treatment. When the bladder involvement is superficial, it shows a strong tendency to heal on removal of the kidney focus, but the more persistent conditions call for more heroic treatment. He discontinued the use of carboile acid on account of the pain produced but has recently employed it again in smaller amounts, allowing it to remain

in the bladder but a few seconds and washing out the excess with a 30 per cent. alcohol solution. A tolerance can thus be secured and the full amount used later. The positive diagnosis of renal tuberculosis requires competent bacteriologic and chemical examination. In most expert hands the bacilli can be demonstrated in from 75 to 80 per cent. Not less than three ounces of urine should be sent to the laboratory, after having been drawn with proper aseptic precautions. Bacteriuria without kidney lesions is possible, so it, alone, without pus, is of little diagnostic significance. Tuberculin for diagnosis has little value compared with laboratory methods. With rare exceptions unilateral tuberculosis with the other kidney functioning calls for nephrectomy but many patients are too far-advanced and nephrotomy, or the opening of an abscess is a life-saving measure. He does not agree with the notion that the kidney always must be removed and he thinks that with the means for early diagnosis more general operative cases will be less frequent. A case treated successfully without operation is reported.

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The Treatment of Gastric Ulcer.—Von Leube, (*Deutsche Medical Woch.*) describes his routine treatment of gastric ulcer: (1) Absolute rest in bed for from one to two weeks. This relieves the pain and promotes the healing of the ulcer. After the tenth day the patient should lie down two hours after dinner. (2) One glass of tepid Carlsbad water twice a day. (3) The application of hot stupes to the epigastrium, renewed every fifteen minutes during the daytime. At night a wet linen cloth is substituted. (4) A light diet of high nutritive value and easy digestibility.

In the severe hemorrhagic cases von Leube puts the patients to bed, gives one dose of 30 drops of a 1 to 1000 solution of adrenalin and an injection of morphine to quiet peristalsis, and complete abstinence of food by the mouth. He substitutes an ice-bag for the hot stupes and gives bismuth. When the stool shows no longer the presence of blood and there are no other signs of hemorrhage he cautiously commences a liquid diet. He replies to Lenhartz that while eggs and milk may bind the acid, at the same time they cause the secretion of more acid and increase the peristaltic movements of the stomach. He does not give iron because he says ulcer patients do not tolerate it well. Von Leube adds that a study of 25 cases on the liquid diet for two weeks did not show any marked reduction in the hemoglobin. He warns against the use of laxatives. By this routine method he has reduced the mortality from 13 per cent, in his first published series of cases to 0.5 per cent, in the present series. He reports in all 627 cases treated by this method.—*American Medicine.*

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THE PUBLIC'S KNOWLEDGE OF THE MEDICAL PROFESSION.

Address of the President, O. J. FURST, M. D., Peabody, Kansas.

I want to take for the basis of this address, an editorial from one of our great daily newspapers. This is not intended in any manner as a criticism of the paper or editor. But to show the understanding of the public; and the teachings the public receive from the general publication of the times, in regard to the Medical profession.

During the meeting of the A. M. A. in Atlantic City last June there appeared in the Kansas City Journal the following editorial:

There are certain indications that medical science is in process of a unique evolution and that physicians of the future will occupy a distinctly different relation to their clients from that of the present.

We now have the great scheme of "preventive medicine" which seeks to forestall illness rather than wait until it is developed before applying the remedy. For generations people went to their doctors only when all other expedients failed. The family doctor was a last resort, and usually the disease had progressed so far by the time the physician's attention was called to it that cure was more than doubtful.

We are in debt to gloomy old China for the new view of medicine. Among the Celestials, it is said, for centuries, it has been the custom for the people to retain a doctor to keep them well rather, than to call him when they are sick. We pay to cure sickness; they pay to keep from being sick. The advantages of the Oriental system are obvious. As long as the Chinese patient is well he pays his physician. But if he gets sick he naturally concludes that the

man of science has been neglecting his duties and the pay stops until the patient is restored to his former health.

The tendency of the times is to guard against the abnormal. The larger business concerns pay their lawyers by the year to keep them out of trouble and from making serious and costly mistakes. The ordinary well-to-do family has a family doctor, while not exactly paid by the year for keeping that family well, is at least entrusted with the guardianship of his patients at all times. He takes charge of the babies at birth and ministers to them throughout their childhood and youth.

He is not supposed to wait until a child is sick. He must make examinations frequently to ascertain the exact state of the patient's health and is supposed to catch the incipient disorder at such a time as to make a cure easy.

The new scheme commends itself to all thoughtful people and to physicians especially. There really is no sense in waiting until one is stricken down before calling the doctor. It is cheaper to pay for health and much more comfortable, and the idea makes the relationship between the patient and the physician distinctly more cheerful.

It begins with "There are indications that Medical science is in process of a unique evolution and that physicians of the future will occupy a distinctly different relation to their clients from that of the present. We now have the great scheme of preventive medicine" and the closing paragraph begins with "The new scheme commends itself to all thoughtful people and to physicians especially."

If this is the knowledge and understanding of our great newspaper educators, what must be that of the lay people? Why is it that if a doctor should happen to overhear a conversation among lay people it is that "They have combined to raise their fees" and never that they meet to interchange ideas for betterment of their scientific knowledge in the care and prevention of diseases, for the benefit of their patrons and general public.

Why is it the public ask still more of us who do more charity than any other class of people on earth, and far more than a great many of us can afford. In spite of all the profession has done for the people they still seem to be unconscious of it or attribute our efforts to some other motive than that of benefitting the public.

Why is it the public have forgotten or know nothing of what the doctors of the United States have done in Cuba and Panama, where the American doctor has opened the way for the engineer,

the teacher, the planter, the manufacturer and miner, and has made life possible.

Not only in these places but through our medical missionaries, American medicine has done more than all other elements of our nation to demonstrate our right to the leadership of civilization.

When at last the profession organized in one great body "For the purpose of fostering the growth and the diffusion of medical knowledge, of promoting friendly intercourse among physicians, of elevating the standard of Medical education, of securing the enactment and enforcement of just medical laws, of enlightening and directing public opinion in regard to broad problems of hygiene, and of representing to the world the practical accomplishment of Scientific Medicine."

We are called, by a writer in a series of articles in one of our popular magazines the "Greatest Trust on Earth."

Now what is the trouble? Why does the public not know what we have been doing?

This is a big question and of course cannot be answered fully, but I will attempt to give some reasons and means or remedies.

Our profession has arisen above individuals and its hue and cry is the care and prevention of disease, especially prevention.

The day of fetishism, fanaticism and mysticism in regard to medicine is past and the people should be taken into the confidence of the doctors.

Why are they not invited into all of our meetings? Why is this room now not filled by lay people, to let them see, hear and know what we are doing? Let them know for themselves that we are discussing subjects beneficial to their welfare and not planning to draw money from their pockets. The education of the public in this way is being attempted by the A. M. A. and various County and other Medical Societies.

The A. M. A. by the National Lecturer traveling from state to state spent several days in this state last year, with good effect. Several County Societies have also taken up this branch of the work and are having open meetings with the general public and at which, speakers outside of the profession are discussing sanitary conditions.

This is going to take individual work by many of the doctors, for in most places it takes great effort to get the people to attend these meetings at first, and one and probably the best way yet tried is for the physicians to send personal invitations to their friends and after getting a few interested the others will soon come. I would heartily recommend this to all County Societies—to have

at least two public meetings each year. Also to invite all who wish to attend any of our meetings.

Another trouble, people will consider doctors individually and not as a profession. As long as we have doctor pathologists, surgeons and writers who are therapeutic nihilists and whose opinions are aired in the public press we cannot blame them.

If these men would only stop to think, that the knowledge of medical science has grown to the point where no human brain can comprehend or know all about medicine, they might limit their opinions. Of course it is only an individual opinion but the public consider it the opinion of the profession. During the last few years there has been developing and growing a spirit of denunciation in medical literature, to others opinions, unless we prove them individually, in view of the fact that one man cannot know all—this spirit of criticism should be withheld until certain of our position.

“Men and methods have been attacked. It has been considered the hall-mark of scientific attainment to question everything, doubt all things, condemn vigorously, believe nothing, admit nothing.” This shou'd not be. “Hypercriticism is retroactive and denunciation often proves a boomerang.”

The relations existing among the individual members of our profession is not what it should be and especially is this true in the smaller cities and rural communities where we are intimately known.

Dr. F. A. Long, in his presidential address to the Nebraska State Medical Society in 1907 stated this so clearly and distinctly that repetition will be laudable. He said: “We need a closer organization, not necessarily based on law, but a fraternal union of physicians engaged in a great work whose chief object is the betterment of mankind, physically, socially and morally.

“We are aiming to discard all isms and are striving to unite the profession in one grand body which shall know no pathy only physicians.

“A greater and more liberal spirit of tolerance needs to be cultivated among members of the profession practicing in the same community.

“We need to get on a plane where jealousies will give way to hearty co-operation for the uplifting of the profession in the estimation of the public.

Much has been accomplished in the years since re-organization was begun, and more remains to be done. The proposition that the same result may often be obtained by different therapeutical

means, is fundamental; and being so, carping criticism of a neighbor's treatment of a case is out of place.

It may not be my way, it may not be your way, and yet in his own way, each obtains results satisfactory to his patient and himself. The personality, the psychic element in every physician's make-up is a factor to be reckoned with as much as his material therapeutics.

Friendly relations between older and younger physicians in a community are often strained by what I am sure are misapprehensions of the real status of the respective parties. An old physician is not an "Old fool" because he has not had the laboratory training of the present day; neither is a recent graduate a "sap-head" because he lacks experience. The immeasurable wealth of exact knowledge gained by years of careful clinical observation and experience, from the standpoint of practice far out-weighs all the laboratory lore of modern days crammed into the head of an inexperienced graduate. On the other hand the medical student of to-day has opportunities to gain exact scientific knowledge of disease which added to experience must eventually make him far superior to his elder.

The young physician who goes into a new locality with a feeling that his competitor is an "old fellow" away behind the times is liable to find out that the old fellow began to read and observe perhaps before the young man was born, that he has read and observed to some purpose, and that he still reads and observes. Again the young physician with his unbounded ambition, his enthusiasm, his self confidence, and his entire faith in drug therapy will often surprise the medical man of mature judgement with his results.

The older physician in the community usually stands ready to give the right hand of good fellowship to the younger man, and is as apt to be met with a rebuff as with an acceptance of the tender.

The philosophy of the true relationship of physicians one to another, is less apt to be understood by the younger than by the older physician, and here the medical colleges are at fault for not teaching the principles of the ethical relationship of physicians.

Jealousies, while apt to exist in both parties, are more likely to rankle in the mind of the younger than the older physician.

The rashness, impetuosity and over-weening confidence of youth, added to the laudable ambition to obtain a foothold in the community often leads the young physician to subtle, ingenious and caustic criticism of the work of his well established competitor, with perhaps no particular desire to harm, yet not without the

hope that he may be able to pluck some of the fruits of his elder's labors. No one will lie down to be trampled upon by a competitor. It is an axiom in business life that every man will protect his reputation and his business to the best of his ability, and the experienced physician has learned this and acts upon it—and hence that is the reason physicians who should live in harmony often come to the parting of the ways.

A noble maxim all would do well to follow is "Do unto others as if you were the other."

As the lay people still treat doctors as individuals, they not having had the opportunity to consider us collectively as a profession, therefore the country or family physician must be the educator in this campaign.

Each doctor should attend medical societies and keep up with the times, and then inform his patrons, as he goes from house to house, that we were discussing the cure of diseases, not for our personal benefit but that we may be able to give them the best that science knows. The State is helping us in this matter, for instance by their efforts in preventing tuberculosis and abolishing the common drinking cups, thus calling the attention of the public to these questions and making our work easier and more appreciated.

Show a man who loves his family the source of infections—such as impure water, dirt, flies, lack of drainage—tell him where and how he got his cases of malaria, typhoid fever, tuberculosis, pneumonia, diphtheria, scarlet fever, etc., and just how such surroundings as are on his place may produce just such conditions—he will, from the parental love, clean things up; and those who might hesitate along this line, will listen to the financial side, when you convince him it is better to clean up and cheaper than to pay doctor and undertaker bills. If we do not do this are we not morally liable for at least some sickness and possibly deaths and the good Lord knows we have enough to answer for without this.

Another question, when visiting your families and you see anything suspicious in the water or milk supply, why not send a sample to the State bacteriologist and have it analyzed as they do this gratuitously, it costs nothing but our time and trouble and may save an epidemic of typhoid or some other disease. Let me ask you all, do you report suspicious surroundings to your health officer? We country physicians need to be up and doing along these lines and do not be afraid, if it should happen that you be one of the health officers—do your duty—even if for the present you should lose some apparent precedent, the right will win.

We should not discuss these matters on the street corners with the rabble, but with the individual alone and I think should instead of being reticent as in the past, seek to address public assemblages along these lines—especially the various teachers organizations of our state and counties—they are willing and anxious if you will only give them the opportunity.

The medical profession has always been adverse to personal newspaper mention as to their business, and to this may be due some of the lack of knowledge on the part of the papers.

The reporters receiving no encouragement from the doctors or possibly a curt lecture from some doctor who was willing to take the free advertising but was not pleased by the phraseology used, have not sought the acquaintance of the regular physician but have received their knowledge from he who is willing to take all this or pays for it, and from such have formed their idea of the profession and have never been able to differentiate between the regular profession, and the advertising doctor. We hold that the life and health of the public are too sacred to be bidden for in glaring head lines, purchased endorsements and personally written praise of flourishing attainments.

If the reporters and publishers understood that physicians are anxious and willing to give an account of any news that would be interesting and beneficial to the public, in a scientific and impersonal manner, if any personal mention was omitted, I believe things concerning the doctors and newspapers would be different. I beg of you to get into a better acquaintance with these men, making plain the stand we take and offering all the assistance possible within these lines.

The profession is probably on a better basis today than ever before and in a better position to prevent and cure diseases. If we can get rid of our jealousy, and in harmony each one do his part to his fellow man, then the public will know and realize what the profession is doing.

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THE EFFECTS OF MODERN COLLEGE ATHLETICS ON THE HEART.

W. E. McVEY, M. D., Topeka.

Read before the Kansas Medical Society, May 7th, 1910.

It is not my purpose to discuss the effects of college or other athletics upon hearts that are already affected by valvular disease. We know that certain injuries to the heart may be pro-

duced by violent exercise even though no previous pathologic condition of the organ exists. The frequency with which such accidents occur among those who take part in college athletics is not easily determined.

The majority of such injuries are in the nature of acute dilatation, and in youths with a fairly good nutrition a complete recovery occurs if a sufficient period of rest is allowed. A physician is seldom called in these cases and the accident is not discovered. If the youth be poorly nourished or if a sufficient period of rest is not allowed, or if the severe or prolonged effort which caused the first dilatation is often repeated, a permanent dilatation results.

These cases often go undetected until, after several months of anaemia, breathlessness on exertion, and digestive disturbances, the heart is examined and a valvular lesion with some dilatation found. In these cases it is not likely that the occurrence of the lesion will be traced to its true cause.

I am satisfied that acute cardiac dilatation occurs much more frequently among young men who take part in college athletics than we have been ready to admit. I have found valvular insufficiency in these college men, when no history of other causative conditions could be elicited, much too frequently to consider it a mere coincidence.

There are two ways in which such lesions may be developed: Acute dilatation as a result of a too violent or too prolonged exertion and especially when frequently repeated; and by degenerative changes in the musculature of a heart which has been overdeveloped or overtrained. College students are more likely to suffer from lesions developed in the former way, but occasionally we find a dilatation of the left ventricle and a relative incompetency of the mitral valve developing some time after our student has relinquished his athletic sports and settled down to some sedentary occupation. Acute dilatation may occur in any individual as a result of too violent and too prolonged exertion, but is particularly apt to follow extreme efforts in those whose hearts are inadequate. I use this term in a broad sense for I believe it is properly applied to some hearts in which no valvular or myocardial change has occurred. It is a very common thing to find in rapidly growing youths such inadequate hearts. It is a physiologic fact that at certain periods in life there is a predominance in growth of bony tissue. At such periods the bones grow rapidly, especially the long bones, while under ordinary conditions there is proportionately a small development of muscular tissue.

In the very rapid growth of long bones the circulation has been

greatly extended with increased demands upon the heart, though the musculature of this organ has not been proportionately developed. In the course of time, if a proper state of nutrition is maintained, this increased work which the heart is compelled to do will result in increasing its power, but during this period of inadequacy, though the heart may be competent to perform such work as is ordinarily required of it, much increase in the demands upon it causes evidences of distress. A youth with a heart of this kind may be perfectly well and pass a careful physical examination because there is no evidence of deficiency in cardiac power until some extreme demand is made upon it.

Just what actually occurs in the heart to produce an acute dilatation is somewhat problematical but it is reasonable to presume that in an overacting heart in which the musculature is overtaxed its systoles will be incomplete and the ventricles therefore imperfectly emptied and consequently overfilled during diastole when their walls are relaxed and least able to withstand the strain. If an incompetence of the auriculo-ventricular valve also occurs the strain is somewhat relieved. There is venous stasis with cyanosis and dyspnoea. If the valve remains competent the dilatation may become extreme and a rupture of the ventricle occur.

There is another factor also to be considered whose effects have not been definitely estimated. The hyperpnoea and sometimes dyspnoea which occurs in severe and prolonged muscular effort is not entirely due to the excess of carbon dioxide or lack of oxygen, but in part to the effects of certain chemical products resulting from severe muscular exertion. These same chemical products must be considered as possible factors in diminishing the resisting power of the cardiac walls.

Acute dilatation may occur in either the right or left ventricle but in the permanent lesions resulting from heart strain I have found the most frequent site in the left heart. The symptoms of a dilatation vary with the rapidity with which it develops. In severe acute dilatations of rapid development there is marked cyanosis, or possibly a blue grayness, dyspnoea and cardiac distress. There is an irregular, rapid and feeble pulse, and occasionally syncope and sometimes convulsions.

In cases of slow development where the dilatation is not of high degree the symptoms will be those of dilatation as usually observed in valvular disease. Cardiac injuries of this kind do not occur so frequently that college atheletic contests should be prohibited on that account. It is well however to recognize their occurrence as an occasional fact and as one more common than we are able to

slow, and to consider the conditions which most favor their occurrence.

Among primitive races those were chosen for kings and leaders who possessed the most vigorous manhood, demonstrated by great feats of strength or successes in war. We have inherited from our ancestors an almost worshipful respect for physical perfection in man.

Even in those parts of the country where our great institutions of learning are located there are no displays of mental accomplishment which attract half the crowds or half the admiration that public exhibitions of physical endurance and feats of strength do. It is this public admiration which has much to do with the overdoing and therefore the undoing of the student contestant.

College spirit is simply the unselfish desire for this public admiration of the institution to which its possessor belongs. It is as common among those students who do not take part in athletics as among those who do. It is this college spirit which crowds the young contestant on to a point beyond his physical endurance. We might possibly eliminate the most strenuous of these contests, but we can more easily prevent these occasional injuries to the heart by demanding a more systematic and careful course of preparatory training and by more strict requirements in the physical qualifications for entrance.

Endurance contests of all kinds should be limited to those who are physically fit and carefully trained. Bicycle races and so-called Marathon races are perhaps responsible for more of these cases of dilatation from strain because they are seldom under proper supervision and because children, during the most active growing period are permitted to take part in them.

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HYPEREMIA.

N. C. SPEER, M. D., Osawatomie, Kansas.

Read before the Kansas Medical Society, May 7th, 1910.

Within the last few years there has been introduced a new surgical procedure that has forcibly attracted the rank and file of the profession; namely, hyperemic treatment of acute and chronic infections as taught and practiced by Prof. Bier. Bier was impressed by the assertions of Rokitansky, made nearly a century ago, that hyperemia of the lungs, superimposed by a deficient heart action, gave an immunity to pulmonary tuberculosis; while on the other hand, anemia of the lungs by reason of aortic stenosis pre-

disposed to this affection. This observation suggested to him the possibilities of artificial hyperemia and his first experiments were made on tubercular joints, by means of constriction, with elastic bands. The results of his investigations were encouraging; consequently, he tried it on other varieties of inflammation, acute and chronic, with even better results.

The method as then practiced was by the use of elastic bands alone. But Klapp, who was associated with Bier, in his clinic, suggested the use of the suction cup, believing it would express the serum and in addition would bring about passive congestion, thus accomplishing artificial hyperemia. It being evident that the physiological action with either the band or the cup was practically the same, they were adopted as one treatment, to be used together in selected cases, or individually as the case demanded. These dealt only with venous hyperemia; to induce arterial hyperemia, heat was introduced in the form of warm water irrigations and hot air appliances.

There is ample reason from a histological and pathological standpoint to accept these theories as scientific. In acute inflammation as we know a barrier is thrown out in the form of an hyperemic wall, crowded with leucocytes. Since we accept the theory of the phagocytic action of leucocytes, a substantial reason for the induction of additional hyperemia is evident, in that it brings to the part more blood, more leucocytes, higher opsonic index and a consequent increased destruction of bacteria. In chronic inflammation the action is the same, with its barrier in the form of granulation and scar tissue. Following the same theory it is believed by some that emulsions of bismuth, iodoform, etc. act beneficially more from their aid in causing hyperemia of the joint, than from their medicinal powers as antiseptics.

The mode of application is as follows: In paronichia, acute infections of fingers and toes, or any inflammatory lesion of the limbs, the constricting elastic band is applied a short distance proximal to the infected area. A small puncture should be made in the tissue at the site of infection, to relieve the tension caused by the accumulated serum or pus. It is always well to incise whether pus be present or not, for inflammatory serum is painful, both because it contains toxins and is of higher specific gravity than normal serum. The bands should be tight enough to slightly impede venous circulation, but not tight enough to cause added pain or to make the member cold and discolored.

Pain is an excellent criterion for discerning the proper pressure indicated, as pain immediately increases if there is too much

pressure. The pulse should always be plainly discernable below the band. The sphygmomanometer may be employed for estimating the pressure required, and the arm-piece of the sphygmomanometer used for the constricting band. The breadth of the bands required vary from the small rubber bands to be used on fingers and toes, to those used on the thigh two and one half inches in breadth. The length of time for using obstructive hyperemia depends upon the severity of the lesion. It is used continually in severe infections, twenty-three hours out of twenty-four in those not so extreme, and for thirty minute periods several times daily for mild infections. Treatment should be gradually discontinued; do not stop suddenly, lest the toxins be liberated too freely.

The cupping method is accomplished by means of especially formed cups of a variety of shapes and sizes; the small cup once used does well in many instances, even the breast pump will do in an emergency. I note an instance in the *Kansas Medical Journal* in which a physician states that without a well defined basis for his action, he had used a breast pump on a mammary abscess, with excellent results. But since studying Bier's system he assigns his success to hyperemia, in conjunction with the excellent drainage aforesaid by the suction. The proper method, however, for treating mastitis, is not by the breast pump, but by a large suction glass operated by a pump.

The cups are well suited to abscesses on smooth surfaces, such as furuncles, carbuncles and buboes. They are to be used in such instances in the following manner: Apply vaseline to facilitate attachment, then place the cup sufficiently tight to cause slight hyperemia, not pronounced discoloration. Permit it to remain five minutes, then release for three minutes. Continue thus alternating for a period of forty-five minutes. Bier recommends this procedure without incision unless pus is evidently present, but I always incise for the reasons before stated, that even if pus is not already present the inflammatory serum causes pain by reason of its high specific gravity and contains toxins. Treatments by cupping methods are usually given twice daily. The patient may do this at home. I suggest this especially in the treatment of the bubo.

Acute arthritis is being most successfully relieved by the system of obstructive hyperemia, especially gonorrhoeal and tubercular arthritis of the knee joint. The rule of procedure is as follows: Encircle the thigh above the right knee with several layers of an elastic bandage two and one half inches in breadth, tight enough to cause some edema of the leg, leave this applied

for ten hour periods twice in the twenty-four hours, and in the interval elevate the foot in order to relieve edema. Meyer claims for this method of treatment that motion is soon regained and pain soon and effectually relieved. Chronic arthritis not caused by specific bacteria, is being treated by hot air appliances rather than elastic bands, for the reason that they bring about more gentle hyperemia and are not so heroic as to arouse latent infection. In this connection I might mention the experience of a friend, not under my direct observation who was undoubtedly cured by hot air treatment. This was a case of chronic arthritis of the knee. It was of one year's duration and of sufficient severity to give the patient embolic pneumonia on three different occasions. I am not aware of the number of treatments required, but I know it was a comparatively short time; where as for all the previous time, rest, local applications and systematic treatment had been of little avail.

Meyer makes recommendations in several lesions that I will now describe: Suction treatment in gynecology. This is one that I hope may be of promise in time, but is as yet little used. Meyer suggests its use in puerperal infections, chronic parametritis and perimetritis, to be treated as follows: Insert a glass cup, copied after the style of the glass spectrum, deep enough to encircle the cervix, and exert suction with a pump. The number of applications depends upon the severity of the inflammation and upon the amount of secretion collected.

Prophylactic hyperemia in emergency surgery is dwelt upon by him also. The treatment is applied to injured extremities in the following manner: Obstructive venous hyperemia is used as described in former portion of the paper, that is an elastic band is wrapped about the limb. In addition the hot water irrigation is brought into service by reason of its arterial hyperemia influence and for the added benefit which would accrue from using irrigation as a cleansing agent. It is to be understood that the irrigation should be used continuously, but not violently, in a fine stream with little force. Since the trend of modern surgery is to treat severe injuries conservatively, no doubt this method will gain favor. In industrial occupation the saving of a finger is often, the saving of a position. The time is here when, more than ever, an injured foot or hand is studied carefully to maintain its form and function, and I certainly believe the methods as somewhat described will be of great assistance.

Having summarily dealt with these theories as described by Bier, Meyer and others, I will now describe the way I practice this

method in an office, general and R. R. dispensary practice. To infected fingers, those that show an active and violent inflammation from the beginning, I immediately apply a small rubber band around the finger at its base, another wider band about the wrist, both of these are tight enough to be well appreciated by the patient himself. If the pain does not lessen the bands are made slightly tighter, if the pain is increased they are loosened. These are left on the full twenty-four hour period, and if the finger is not improved when redressed I again apply. Under these circumstances I consider that the inflammation must be severe, and it is seen twice a day and treatments governed by the judgement of the individual case. Antisepsis is at no time neglected, in fact is vigorously pushed in the form of a moist bichloride pack, frequently charged anew with the antiseptic solution. An incision is always made at the most edematous point. This simple method has been of great satisfaction, to me in a series of cases and I feel assured that their rapid recovery could not be assignable alone to the strong antiseptis. I observed in these that lymphangitis early disappeared, and that it was not necessary to again incise the site of the infection as the serum continued to exude.

The relief from pain is marked, naturally so by reason of the prolonged pressure exerted on the nerve supply.

The medium sized suction cup is my constant aid in furuncles, carbuncles, and buboes. A smaller incision is required for both furuncle and bubo, the abscess is easily relieved of its pus. If the cup is large enough to reach beyond the area of inflammation very little pain is experienced when expressing the pus. Both the small incision and the lessened pain in evacuating pus are pleasing to the patients. Aside from these reasons just mentioned it has been my observation that small furuncles do not become large when treated thus and that larger ones do not require so much attention as furuncles formerly did in my practice, while still another type that formerly often refilled with pus now seldom require more than a second treatment when the cup is used. My experience with carbuncles has been limited, and I can say little of them. In congested mammary glands, that often give so much pain during the puerperium, I use the small breast pump over the surface of the gland and certainly obtain results, largely, I believe, from the massage exerted by the cupping process.

In amputations where I fear gangrene such as those in which there has been considerable contusion, where the boundary line cannot be well defined, or those following an early operation for gangrene, I use irrigation by a continuous stream. Arterial

hyperemia is relied upon to give the required relief. One such case certainly was revived by this method. I had others too far advanced with systemic circulation too much impaired, or with shock too severe to respond to treatment.

I have refrained from speaking of the many uses to which the enthusiastic have applied this theory because I believe them impractical for the general practitioner on account of his lack of equipment and skilled assistants and the comparatively limited size of his clinic. So a discussion of them would be beyond the scope of a paper of this sort.

But to the work of Bier, representative men give their approval and report satisfactory results in their own experience. To articles prepared by Meyer, Murphy and Binnie I desire to give credit for much I have gained in the knowledge of this treatment.

In conclusion, I wish to add my approval of its action in cases in which I have used it and to register my convictions that it marks an advance in surgical treatment founded upon a solid physiological basis that time will not materially change.

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THE SIGNIFICANCE OF UTERINE HEMORRHAGE IN SURGICAL DIAGNOSIS.

H. L. SNYDER, M. D., and L. A. JACOBUS, M. D.,
Winfield, Kansas.

Read before the Kansas Medical Society, May 6th, 1910.

Uterine hemorrhage is a symptom always. Its presence indicates a condition either physiological or pathological. The physiological phenomenon, menstruation, and the normal hemorrhage incident to childbirth will not be considered in this paper. With these exceptions it is proper to emphasize that uterine hemorrhage is a symptom always, and a pathologic entity in itself never.

The symptom, hemorrhage, presents itself at some time in their course, in the following diseases and conditions: miscarriage or abortion, placenta previa, inversion of the uterus, ectopic gestation, acute and chronic inflammations of the uterus and adnexa, cystic and solid tumors of the ovaries and broad ligaments, fibroid and polypus of the uterus and malignant growths.

Hemorrhage occurring in the early weeks or months of pregnancy is a constant symptom of abortion or threatened abortion. It is also the principal symptom of placenta previa, but in this it does not occur until the third month or after. It may vary from a few drops to a quantity sufficient to jeopardize the patient's

life. The attacks are usually slight at first and increase in severity the loss of blood frequently corresponding to the menstrual epoch. The hemorrhage is liable to be most severe in the last month of pregnancy and at the completion of gestation or the commencement of labor when dilation of the os begins the loss of blood reaches alarming proportions. A hemorrhage at any time during the course of pregnancy is of sufficient moment to demand careful study.

Loss of blood in acute inversion of the uterus may be fatal, for it comes on immediately following the dislocation and continues as long as the inversion is present. Nearly all cases of acute inversion come on after childbirth or abortion. The hemorrhage of chronic inversion varies with the factor producing it.

Hemorrhage in ectopic pregnancy is characteristic of the condition. It occurs in two-thirds of all cases. Preceding it are symptoms of early pregnancy and associated with it is unilateral abdominal pain. The blood may sometimes come in considerable quantities; it may be red, coffee colored or seropurulent. It originates from the rupture of the vessels of the decidua. Sooner or later parts of the decidua are expelled with the flow. These decidua fragments should be examined microscopically to demonstrate the chorionic villi. Too much stress cannot be laid upon this symptom in this condition; its early recognition with prompt surgical interference would save many lives which otherwise are lost. Unfortunately, however, these cases do not ordinarily come to the surgeon until after the rupture of the tube has occurred with all its attendant complications.

The character of the hemorrhage found in simple endometritis, whether it be constitutional or congestive, will vary according to whether the mucous membrane shows hypertrophy and congestion or atrophy. In congestive endometritis the hemorrhage is frequently very profuse and persistent and often occurs in the intermenstrual period. In the atrophic form the flow is lessened in amount and is of a watery character, preceded a few hours by severe pain. In the constitutional form of endometritis the normal menstrual flow is usually present; the endometritis being merely a part of the general constitutional disturbance. Acute gonorrhoeal endometritis not infrequently will cause a menses to be delayed or one period to be omitted entirely. When the flow does appear it is usually darker than normal, often coffee colored and mixed with pus. The flow in chronic gonorrhoeal endometritis is at times excessive and attended with pain. Septic endometritis usually follows abortion or labor. Hemorrhages are not marked

unless some of the products of conception have been retained. Senile endometritis occurs after the menopause and the small hemorrhages occurring at this time should be carefully considered, because of the possibility of malignant disease occurring at this age.

The hemorrhages of metritis are dependent to a degree upon the co-existing endometritis. The various displacements produce a metritis and frequently cause the blood to clot within the uterus; its passage is attended with pain. The hemorrhage of chronic interstitial metritis is irregular, very profuse, often intermenstrual and attended with severe pain.

Hemorrhage in ovarian cysts varies according to the size and location of the cyst, the length of time it has existed and whether or not the condition is complicated by adhesions. Small adherent cysts and interligamentous growths produce menorrhagia; it also occurs in women who have passed the menopause dependent upon the congestion caused by the cyst. It is well to remember this fact in making a differential diagnosis from malignant growth. When a cyst has grown to such an extent that the ovarian tissue is nearly all destroyed and the patient is anemic and exhausted amenorrhea is present. Small adherent tumors and those developing between the layers of the broad ligament produce dysmenorrhea. Inflammation in, or torsion of, the pedicle of an ovarian cyst may cause uterine hemorrhage. Hemorrhage has been observed when an ovarian cyst co-existed with pregnancy, this hemorrhage usually occurring at or near the normal time for the menstrual epoch. Exhaustion and a progressive loss of strength are usually associated with it. The symptoms of the cyst overshadow the clinical picture of the co-existing early pregnancy and may cause this condition to be unsuspected. Likewise the symptoms of the pregnancy being prominent with the attendant hemorrhage, the cyst co-existing, an erroneous diagnosis might be made.

Uterine hemorrhage is the most constant symptom of fibromata and myomata of the uterus, however it is not always present in these conditions, for in subperitoneal fibroids this symptom may be absent. In the interstitial and submucous fibroids and in fibroid polypi hemorrhage occurs, at first being manifested as menorrhagia, later occurring between the menstrual periods. In some cases the bleeding may cease altogether for a few months to reappear with renewed vigor. In other cases the hemorrhage is constant. If the tumor atrophies after the menopause the bleeding may cease altogether for a time. In other cases which do not atrophy there may be no cessation or there may be a cessation with a reappearance after several years. Exercise, excitement, sexual

intercourse and malpositions of the womb may increase the amount of flow. Fibroid polypi are a common cause of chronic uterine inversion with the attendant hemorrhage.

The earliest symptom of cancer in any part of the uterus is hemorrhage. It is usually slight at first following exertion, coitus or some excitement, it generally increases in amount and as ulceration of the growth occurs the discharge becomes foul and may contain masses of necrotic tissue. If the growth appears before the menopause the menstrual flow is increased, and soon irregular hemorrhages occur independent of the menstrual epoch. Hemorrhage after the menopause should be considered indicative of malignant disease unless it is possible to rule that out by exclusion. All cases having such a symptom at that time should be carefully watched even though some other condition may produce the hemorrhage for the tendency is for those conditions to become malignant. The foregoing statements apply alike to sarcoma and carcinoma of the uterus.

Particular mention should be made of hemorrhage occurring anywhere from a few days to a month following childbirth or abortion. A number of writers have reported cases which developed a cancerous growth, the cells of which are epithelial in character but which spread by the blood stream and cause a general metastasis. Hemorrhage is a constant symptom of this condition. It varies in amount but is usually excessive and the usual means of control of hemorrhage have little if any effect upon the bleeding and usually aggravate the condition. This condition produces anemia, rapid exhaustion and death.

The importance of uterine hemorrhage in surgical diagnosis is unfortunately not always recognized. The laity and many physicians are wont to pass it by as of little importance when often it is of the gravest import. We wish to make a plea for more careful examination and study of those cases of pelvic trouble in which hemorrhage is a symptom.

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When a patient is entering, or has entered into the secondary stage of syphilis, care should always be taken to examine his eyes, as well as his eye-lids. This is the period when iritis, conjunctivitis, and other symptoms of the infection, are prone to declare themselves. It is well to discover these, in time, because remedial measures are then of more use than later on, when the pathological changes have become more pronounced.—American Journal Dermatology.

THE JOURNAL

OF THE

Kansas Medical Society.

JAMES W. MAY, - - - - **EDITOR.**

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

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The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1903, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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EDITORIAL

The receipt for perpetual ignorance is: Be satisfied with your opinions and content with your knowledge.—Elbert Hubbard.

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All those who have not paid their dues for 1910 will not receive the Journal after this issue. If you have paid your dues and fail to receive the July issue please notify the editor.

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The Journal wants clean advertising and the only way to get it is for you who are owners to support when you can the ones who advertise in its columns. Give the advertisers some encouragement. When you write to them say you saw the advertisement in the Journal. In this way you will surely help to make it self supporting—the end to which we are striving.

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There has not been received by the Journal one notice of a medical meeting in the State that has not been published and yet when its columns are consulted it will be found that there are few notices there. There is a reason for this and that is many meetings are held which are not mentioned to the editor doubtless for fear he will publish them and thereby create additional interest in the society. Lets get out of the rut—advertise your meetings, create a new interest, increase the membership, renew with vigor the discussions of medical subjects of the day to the end that our

armementarium will be greatly enhanced and the great good that is already being done will be increased ten fold.

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The attendance at the Topeka meeting was sustained better than ever before—that is a larger percentage of the members present stayed the entire session. This was well shown at the attendance Friday the last day of the session when a goodly number were in attendance and some excellent papers were read. It can well be remembered the selfishness that used to be manifest amongst many of the essayists who would read their papers and catch the next train for home. Happily this condition no longer exists, much to the benefit of the Society. When one remembers the long journey that many of the members have to take to attend the meetings they should have something in return for it with a full program and a good gathering to hear it.

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It is about time we were getting at some sort of system to further the enactment of good medical laws. We should have a legislative committee whose duty it should be to sound prospective legislators upon every important medical act to be presented and if he refuses to get "right" steps should be taken to bring about his defeat. This could be accomplished in many instances by the physicians of the district whose influence is often times very great. A card index of the physicians of the state or rather the county secretaries could be kept and through this medium an effective organization maintained. This idea of waiting until after election to get an opinion from a representative or senator upon matters of vast importance to the public health is obsolete and if we accomplish anything for the public good along these lines we must take time by the fore-lock. Whatever we do let us make sure that all the candidates at the coming primaries are pledged to enact no vicious medical laws but to be governed by the organized medical profession in all such questions which may come up before the legislature.

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NEWS NOTES

Dr. H. A. Vincent, of Perth, Kansas, has gone to Florida for two months.

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Dr. G. L. Millington has received the appointment of Health Officer of Wellington. Under the commission form of government this is for two years.

Dr. E. J. Lutz, of Kansas City, Kansas, has left for an extended trip abroad.

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Ninety-five per cent of the native population of Egypt suffer from trachoma in some form.

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Dr. G. W. Maser, of Parsons, has left for a tour of Europe, and while there will attend the clinics.

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Dr. W. M. Martin and family are in New Mexico. The trip is for Dr. Martin's health and will last until June.

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Dr. J. D. Johnson, of Republic City, spent six weeks of May and June at Kansas City attending the clinics.

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Dr. A. R. Hatcher, who has spent the past year in post work in Germany and New York has located in Wellington to do surgery.

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FOR SALE—One Wagner Static machine in good working order, with head breeze and other appliances. Price \$75.00. Address Dr. Geo. R. Waite, Milan, Kansas.

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Dr. J. Glen Rea, formerly of Wellington, Kansas, was married May 11th, to Miss Tucker, of Ft. Madison, Iowa. After a visit with his father, Dr. J. A. Rea, of Wellington, he will locate in Denmark, Iowa.

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The Washington Star knows of a lady distinguished for her charities, but whose enthusiasm sometimes overwhelms her judgment; recently, it appears, she has sent a large number of alarm clocks to Africa for the treatment of sufferers from the sleeping sickness.

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Dr. John Troutman, of Kansas City, Kansas, who has spent twenty-five years in practice in that city, desires to retire. He will sell his practice and home or his practice and rent his office to a desirable person. The office and residence are intimately connected in the heart of the city surrounded by large shade trees. For further information address Dr. John Troutman, Kansas City, Kansas.

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New Editor for Texas Journal of Medicine.—Dr. I. C. Chase, who has been editor of the state journal during its five years of successful existence has asked to be relieved. The trustees of the

State Medical Association of Texas have elected Dr. Holman Taylor of Marshall as editor-in-chief and business manager, at a salary of \$1800 per year, with twenty-five per cent of new advertising.—*Pennsylvania Medical Journal*.

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Dr. George Howard Hoxie has announced his retirement as Dean of the Medical Department of the Kansas University. His duties have been so arduous that he has had no time to give to general practice which he very much desires to do. He will retain the chair of Professor of Internal Medicine.

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Presentation to Dr. Tyson.—Dr. James Tyson, who is retiring from the chair of medicine of the University of Pennsylvania at the end of the present term, was presented with a silver loving cup by the members of the senior class of the medical department, on Friday, May 13th, when he appeared before the class to deliver his usual lecture. He has also received from the junior class a silver tray. Both tray and loving cup were suitably inscribed.

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Pregnancy and Labor of One of the Siamese Twins.—There live in Prague twin sisters, known as the "Siamese twins," who are united to each other by a solid bridge of tissue, with some cartilage and bone enclosed, in the region of the hip-joint and the brim of the iliac bone. Several attempts at separation have been suggested, but refused by the twins because they desired to exhibit themselves for money. One of the twins suffered a few years ago from cholelithiasis, and had to be operated on in the Surgical Clinic of Prague, where examination revealed that apart from the malformation of the connecting iliac bone, the two persons have separate and independent bodies and independent bodily functions. A few days ago the twins, now 36 years of age, again came to the clinic, as the former patient again suffered from colicky pains. The surgeon made a diagnosis of advanced pregnancy or rather incipient labor. Although that possibility was absolutely denied by the girls, the patient soon gave birth to a healthy boy, and later, after repeated questioning, confessed. The other sister felt nothing at all of the pain of the mother so closely united to her, and when the next day the temperature of the mother went up two degrees the temperature of the other twin remained normal, showing the absolute separation of the two organisms as regards function and metabolism.—*Journal A. M. A.*

SOCIETY NOTES.

Missouri State Association Meeting.—At the fifty-third annual meeting of the Missouri State Medical Association, held in Hannibal, May 3-5, the following officers were elected: President, Dr. Herman E. Pearse, Kansas City; vice-presidents, Drs. George Homan, St. Louis; Joel Y. Hume, Armstrong; Walter a Camp, Springfield, and John Ashley, Bloomfield.

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The American Surgical Association.—The following officers were elected at the annual meeting of this organization held recently in Washington, D. C.: President, Dr. Richard H. Harte, of Philadelphia; vice-president, Dr. G. E. Armstrong, of Montreal; secretary, Dr. A. J. Le Conte, of Philadelphia; treasurer, Dr. C. A. Powers, of Denver; recorder, Dr. Archibald MacLaren, of St. Paul.

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Program of the Western Kansas and Decatur-Norton County Medical Society.—Norton, Kansas, June 1, 1910—"Epidemic La Grippe," F. R. Funk; "Hyperchlorhydria, Demonstration of Stomach Analysis in," W. C. Lathrop; Paper, F. N. Smith; Paper, I. L. Parker; Clinic—Eye, Ear and Nose and Throat, C. W. Cole. Norton Post-Graduate Club: Subject, "Neurasthenia, C. S. Kenney. The program was followed by a dinner.

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The Labette County Medical Society met in the Matthewson Hotel, Parsons, last night, for their regular monthly meeting. Letters were read from Senators Curtis and Bristow and Representative Campbell promising to give careful attention to the Gore bill now in congress which provides for a Department of Health with a secretary in the President's Cabinet. Dr. L. B. Kackley read a paper on "Useful Remedies in Stomach Diseases." Dr. H. C. Markham conducted a quiz on the stomach, intestines and pancreas. One new member was elected and one application for membership received. O. S. HUBBARD, Secretary.

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At the last regular meeting of the Sumner County Medical Society the Society had the pleasure of the company of Dr. Day, president Cowley County Society, Dr. Arch D. Jones, president Sedgwick County and the following members of the latter society: Drs. Basham, Clark, Evans, Gsell, Hagen, Hickok, Dorsey, Kelley, Little, Oldham, Ross, Warren and Williams. After supper at the Harvey House, Dr. J. J. Sippey, Secretary Sumner County Board of Health, gave a "Clinical Picture of Hydrophobia," which elicited a warm discussion from Drs. Waite, Emerson, Jones, Ross and Kelley. Dr. G. D. Pendell's paper on "The Value of the X-Ray

to the Physician and Surgeon" brought out histories of many interesting cases from Drs. Hogen, Shelley and Remick. Dr. T. T. Hult, of Gueda Springs, treated "Auto-intoxication," in an original manner. Dr. Emerson, who occupied the chair, called upon the visitors for "talks" and got them. Drs. Oldham, Jones and Dorsey supplied the humor. Drs. Basham, Gsell, Williams and Clark supplied the blarney, while the young benedicts did the pleading. Thirty-three live medical men enjoyed the evening.

T. H. JAMIESON, Secretary.

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The fourth annual meeting of the Medical Societies of Barton, Ellsworth, McPherson, Reno and Rice Counties met at Sterling, on invitation of the Rice County Society, on Thursday, May 26, at Odd Fellow's Hall. The visitors were shown through the hospital after which eighteen sat down to an excellent dinner at the Hotel Jennings. Dr. Jacob Block, of Kansas City, Mo., was the guest of honor, who gave a paper on "The Diagnostic Inter-relationship of Internal Medicine and Surgical Specialties. Dr. C. E. Fischer, of Lyons, gave a paper on "The Early Diagnosis and Treatment of Acute Catarrhal and Purulent Otitis Media." "Convergent Squint" was the subject of a paper by Dr. W. M. Jones, of Hutchinson. Each of these papers was given a general discussion by those present: The following were present: Drs. J. B. Block, of Kansas City, Mo.; H. S. Justice, S. M. Culladay, W. F. Schoor, M. C. Roberts, W. G. Welsh and W. M. Jones, of Hutchinson; F. W. Koons and A. W. Bressler, of Nickerson; Alfreff O'Donnell, of Ellsworth; D. T. Muir, of Alden; L. S. Fisher, of Raymond; C. E. Fisher, W. R. Fisher, L. E. Vermillion of Lyons, F. E. Wallace of Chase; H. Emily Humphreys, M. VanPatten, J. M. Little, W. A. Currie, M. Trueheart, and H. R. Ross, of Sterling. These meetings have always proven mutually helpful and interesting and it is hoped they may be continued. Dr. and Mrs. E. C. Fisher of Lyons have recently started on a trip to Germany to be gone several months.

H. R. ROSS, Secretary.

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REPORT OF THE COMMITTEE FOR MEDICAL DEFENSE.

The Executive Board Kansas State Medical Society.

GENTLEMEN:—We your committee appointed at a regular meeting held in Emporia, Kansas, May 7th, 1909, to frame an amendment to the Constitution and By-Laws providing for a Medical Defense Department for our State Society do present to you this expression as being fully in accordance with our best judge-

ment in the matter. We hope the same will meet your approval and that the same will be properly brought before the State Society that it may be acted upon at the next regular meeting at Topeka next May.

Yours very truly,

W. L. HOPPER,

J. D. WALTHALL,

J. E. SAWTELL, Committee.

CONSTITUTION AND BY-LAWS, KANSAS STATE MEDICAL SOCIETY.

AMENDMENT NO. I.

An amendment creating and providing for the maintenance of a Medical Defense Department in the Kansas State Medical Society. Defining the duties of the officers, the eligibility of members for Defense, the obligation of the board and the creating and maintaining of a fund for the same.

CONSTITUTION AND BY-LAWS OF THE MEDICAL DEFENSE DEPARTMENT OF THE KANSAS STATE MEDICAL SOCIETY.

1. The name of this Department shall be the Med'co-Legal Department of the Kansas State Medical Society, and shall cooperate therewith as herein provided.

2. The object of this Department of the State Medical Society shall be the defense of its members against unjust suits for malpractice.

3. The Committee of Public Policy and Legislation shall constitute the Medico-Legal Board, all of whom shall serve without pay. The term of service of each member except the President and Secretary shall be three years, provided the service shall be grouped into three divisions with terms expiring one, two and three years respectively from the time of the adoption of this amendment. It shall be the duty of the members of this committee, severally or collectively, to investigate all claims of malpractice against members, to adjust such claims, take full charge of all cases they see fit to defend, and prosecute it to the end and pay all court costs. But they shall not pay or obligate the Society to pay a judgment against any member. They shall effect such organization as they see fit, and adopt rules for their own guidance and for the guidance of members of the State Society in Medico-Legal matters, provided, the same does not conflict with this amendment. They shall be empowered to contract with such agents (attorney or other) as they may deem necessary. They shall have charge of the Medical Defense Fund which fund shall be secured as follows: The Treas-

urer shall set aside out of the general fund of the Society two thousand (\$2,000.00) dollars the first year and twenty-five cents per member per year thereafter. It shall be kept in the treasury of the Society, and shall be subject to warrants signed co-jointly by the Chairman and the Secretary of the Medical Defense Board.

4. It shall be the duty of the Secretary to act as such and have no vote in the board.

5. The assistance for defense as herein provided shall be only for such members of the Kansas State Medical Society as are in good standing, and who shall have paid the initiation fee and yearly dues. Neglect to pay the dues at the proper time shall forfeit all claim on this Society for any protection which it can afford. No doctor shall be defended for any action unless he was a member of the Society and a resident of Kansas during the time when the alleged malpractice was committed, when the case was threatened or begun, and who was a member in good standing in this Society and shall comply with the regulations herein and hereafter lawfully made.

6. It shall be the duty of any member of this Society threatened with suit for malpractice to immediately notify the President of the County Society, who shall at once send him an application blank for names of witnesses, etc., and on receipt of this blank properly filled in, the President shall immediately call his County Committee and investigate.

7. The President of the County Society in which the defendant resides, the Councillor of the Kansas State Medical Society from the District, and a doctor (who must be a member of the State Society) chosen by the defendant, shall form a County Committee which shall investigate the case of malpractice against the defendant. If for any reason the President or Councillor cannot act, the Secretary and Senior Delegate of the County Society shall act in his or their place in order. The Committee shall examine the defendant and his witnesses, if necessary, under oath. If the Committee agree that it is a case to be defended, it shall so report to the Chairman of the Defense Board of this Society. If this County Committee should decide that it is not a case to be defended the defendant doctor may appeal direct to the Defense Board of the Kansas State Medical Society and it shall, in all cases have the final decision whether the case is to be defended or not. The findings of these committees, if unfavorable, are to be communicated to the defendant alone.

8. The only liability of the Medical Protective Board will be for the fee of the consultant lawyer, a reasonable fixed fee to be

agreed to in advance for the local lawyer selected by the Board, and the legally taxed court costs, all other expenses of the case to be borne by the defendant. Provided, however, that if the income for this department of the Society for any one year has been exhausted by or appropriated for contracts, in defense of members, the Board shall have the right of apportioning dues to the expense of defense to be borne by it upon all cases subsequently arising until such dues shall again be sufficient to pay as before indicated; and provided further that no officer or member of this Society shall be responsible individually for the whole or any part, or for assessment upon any of the obligations which this Society or its officers for it, are hereby authorized to assume.

9. It shall be the duty of every member of this Society to aid the Society in every legitimate manner.

10. It shall be the duty of the Defense Board to follow the case through any and all courts until a correct judgment be obtained if in its judgment such a course should be judicious. **In no case will the Society compromise.**

BY-LAWS.

1. A certificate of membership, showing the payment of dues to the State Society for the current year, signed by the President of the Kansas State Medical Society and countersigned by the Secretary, shall be evidence of recognition by this board.

2. Any member who fails to pay his dues by the first of April shall be deemed delinquent, and shall forfeit his membership, but may be reinstated at any time upon payment of annual dues, provided that no case is threatened or pending against him. Provided further that he shall not be entitled to have this Society defend any suit for an act of malpractice alleged to have been committed during the time he was not a member.

3. The Defense Board shall hold its annual meeting on the day preceding the annual session of the Kansas State Medical Society, and meetings may be held at any other time upon the call of the Chairman or any two members of the Board, two days written notice of the meeting being given each member.

4. The Defense Board shall, at its annual meeting, elect one of its members as Chairman for the ensuing year, who shall enter at once upon his duties prescribed by the Constitution, be such as custom and parliamentary usages require.

5. A vacancy in the office of Chairman or other member of the Board may at a meeting of the remaining Defense Board called for that purpose be filled by that board until its next annual meeting.

6. It shall be the duty of the Defense Board to employ a lawyer or firm of lawyers as the General Counsel of this Society and to fix his or their compensation, and it shall be the duty of the General Counsel upon request of the Defense Board to give legal advice in all matters pertaining to their official duties and to take charge and control the defense of all malpractice suits against members of this Society who have taken the steps necessary to entitle them to have the defense of this Society.

7. Each member of the State Society who has complied with all its rules and regulations lawfully adopted shall be entitled, upon application duly made, to have this Board to defend not only every original suit against him for malpractice which has been fully determined by the proper authority to be a cause for defense, but any claim for damages against him in any courts for alleged malpractice, whether the recovery be sought by an original action or by counter claim, cross action or otherwise, provided proper application for defense has been made and it has been determined by the proper authority that the claim is one which ought to be defended. In no event, however, is the defendant herein contemplated to cover criminal prosecutions of suits for assaults, criminal abortion or other criminal act. The member shall be further entitled, after proper notice to the Defense Committee, to the advice and assistance of the Committee and the General Counsel in preventing threatened unjust suits for malpractice.

8. A member shall have no authority to employ an attorney to defend any action for malpractice brought against him, it being the duty of the Defense Board to make such employment after conference with the General Counsel and defendant to be the attorney to be employed. Nor shall a member have authority to bind this Society for the payment of money for any purpose or any other respect.

9. It shall be the duty of any member applying for malpractice defense to immediately send to the Chairman of the Defense Board upon receipt thereof, any process of court or evidence relating to the suit or threatened suit to be defended, and to keep the Defense Board fully informed as to everything having a bearing on his defense.

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CLINICAL NOTES

The exhibition of the x-rays or the Finsen light seems to be the best treatment for post operative keloids.—American Journal of Surgery.

Cicatricial stenosis of the uterus has been the result of too vigorous curettage and of the intrauterine application of caustics.—
American Journal of Surgery.



The Treatment of Acute Coryza.—In an extract from a recent work on the treatment of diseases of the nose the *Journal de medecine de Paris* for March 19, 1910, prescribes the preliminary treatment of an attack of acute coryza in a general way. Perspiration should be induced and tincture of aconite, Dover's powder, or solution of ammonium acetate be given. It is also advised to give the patient a mustard foot bath. To offset the excessive nasal secretion atropine may be administered in small doses. Hayem advises the inhalation of several drops of the following solution from blotting paper for several seconds:

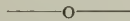
R̄ Carbolic acid, gr. lxxv;
 Ammonia water, ℥lxxv;
 Alcohol, ℥iiss;
 Water, ℥iv....

M

It is, however, inadvisable to practice the inhalation of caustic vapors to any extent, as ear trouble may result.

Professor Unna recommends the use of a spray of the following composition:

R̄ Ichthyol, gr. viiss;
 Alcohol,
 Ether, aa ℥ss.
 —New York Medical Journal.



It has long been observed that carcinoma has a tendency to develop on the scars of lupus vulgaris. This is a more than ordinarily important and interesting fact to bear in mind. It is rendered the more important from the circumstance that an ordinary observer is apt to regard this malignant new growth as being lupoid in nature and a part of the original process which existed before. Those who have employed the x-ray in the treatment of lupus, and who have highly lauded the cure thus effected, and called attention to the fine scars which have been obtained by this mode of treatment, have very often had the disappointment of observing a carcinoma show itself on the apparently cured site. It is well to use care and precaution in such cases and not permit any such untoward complication effects obtained will often, if not always, furnish indications of the new process and thus afford an opportunity to destroy it before it has advanced too far. The

same complication is apt to arise in other diseases of the integument, and these facts only emphasize the old saw that eternal vigilance is the price of health.—*American Journal Dermatology*.

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Simple Operation for Hemorrhoids.—Mr. N. Porritt, (*Lancet*, Feb. 5, 1910) has devised an operation which is based upon the same principle as removal of the appendix, by crushing the base and burying the stump. Its technic is as follows: The sphincter having been stretched, one of the hemorrhoidal masses is seized with vulsellum forceps and pulled well out of the anus. It is encircled with a loose purse-string suture of fine Pagenstecher's thread. Above the purse-string suture enters the healthy rectal mucous membrane beyond the hemorrhoids; below it takes up that just within the anus; while at each side it is inserted far enough apart to allow the blades of the crushing instrument to grasp the base or pedicle of the pile seized. It is essential that the pile be pulled well down. As soon as the purse-string suture is placed, the base of the pile is crushed. A Corner's appendicectomy clamp is used, but a pair of hemostatic forceps with blades long enough to overlap the base of the pile would be suitable. When the clamp is released, a broad, flat layer of crushed tissue connects the pile with the rectum. The pedicle is now folded once upon itself by giving a half turn to the pile, the clamp is re-applied, and the crushing is repeated. When the clamp is removed, something like a pedicle has been made, but another half turn, followed by another crushing, leaves nothing more than a fine pedicle of crushed tissue. This is tied with a fine ligature beyond the clamp, and the clamp is finally removed. The pile is then snipped away through the crushed pedicle. The stump of crushed tissue with the ligature upon it is then buried by drawing tight and tying the purse-string suture already inserted. Other portions of the mass are isolated, and removed in the same way. In the case reported, five separate portions were dealt with, their pedicles crushed, and the stumps buried.—*International Journal Surgery*.

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Alcohol as an Antidote to Carbolic Acid.—Dr. H. J. Novack, of Philadelphia, in the *Monthly Cyclopaedia and Bulletin*, by experiments on dogs shows that carbolic acid in the stomach is not neutralized by alcohol, but the latter is positively injurious.

When a large amount of phenol has been taken and alcohol is given while the poison is still in a free state, death will be much hastened, just as in the dog. The alcohol in this case acts like an oil in phosphorus poisoning, by increasing absorption. The alcohol

mixes with the free phenol in the stomach, and acting like pure alcohol, except to a less degree, forces the phenol already imbedded in the mucous coat of the stomach into the circulation, following which the remainder of the contents are absorbed death rapidly ensuing. Should the free acid in the stomach be first removed and then followed by alcohol, the result would depend upon the quantity of phenol already imbedded in the mucous coat of the stomach. This quantity, when large, upon diffusion and rapid absorption, would result in death; but, if not enough to be dangerous to the system when absorbed, alcohol would be of great benefit by hastening the elimination of the poison in a diluted state. Even then there is great danger to the kidneys.

The importance, therefore, of first removing whatever poison there is in the stomach before using alcohol cannot be too strongly urged. This is best accomplished by lavage. Some believe lavage to be contraindicated on account of the corrosive action of the phenol upon the stomach and the danger of perforation; but it must not be forgotten that particularly phenol, of all corrosive poisons, limits its destructive progress and, therefore, does not weaken the stomach to such an extent as to make the passage of a stomach tube dangerous.

Many solutions can be used for lavage in phenol poisoning, but by far the best results are obtained from a solution of the two most well known and best antidotes for this poison, namely, albumin and magnesium sulphate. To every eight or ten ounces of water, a few grains of sodium chloride are added and the white of one egg dissolved, then enough magnesium sulphate is added to saturate the solution. A clear solution results and when a drop of phenol is added to it in a test tube, a uniform white precipitate will immediately occur. Care should be taken not to add too much albumin in making this solution, as lavage will become difficult due to the clogging of the stomach tube by the albumin coagulated by the phenol in the stomach.

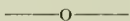
The phenol exerts its energy upon the albumin in this solution more thoroughly and rapidly than upon albumin alone. It combines feebly with the magnesium sulphate chemically, is mildly astringent and does not force the poison through the albuminous film into the system, as does alcohol. This solution is of not much benefit when left in the stomach together with a poisonous amount of phenol, but for lavage it cannot be excelled. Although the albumin is coagulated by the phenol, still it does not combine with it chemically and is a means of bringing up the free phenol.

Alcohol is of great value externally when used early, but late

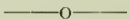
the destruction of tissue is not prevented, although the appearance is better.

On account of the repellent and solvent properties of alcohol, it is dangerous to be left in the stomach together with phenol.

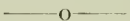
The advised treatment is first lavage with some solution as the magnesium-sulphate-albumin mixture, followed by lavage with a solution of alcohol as a clearing agent.—West Virginia Medical Journal.



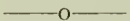
The Treatment of Furunculous Otitis.—In the treatment of furuncle of the external ear passage Bruch (*Munchener medizinische Wochenschrift*, December 14, 1909; *La Clinique*, March 11, 1910) prescribes the introduction into the external ear passage twice daily a tampon of gauze saturated with a mixture of equal parts of glycerin and ichthyol. This is said to give better results than carbolated glycerin. The tampon should be passed over the furuncle without pressure; its analgetic action is quickly felt.—N. Y. Medical Journal.



Hematuria from stone in the bladder is usually moderate and produced or increased by bodily movements, while persistent and profuse vesical hemorrhage, uninfluenced by physical exertion, points to the presence of tumor.—*International Journal Surgery*.



Before prescribing alkalies in the treatment of cystitis, determine the reaction of the urine. In cases with alkaline urine, particularly in the presence of ammoniacal decomposition, the administration of alkalies may act detrimentally by increasing the existing irritation.—*International Journal Surgery*.



Pruritus ani still continues to be both interesting and annoying. It is both of these to patients and physicians alike. The number of reputed cures for this harrassing symptom is legion. The difficulty of treatment lies in the fact that the cause, in each particular case, is not definitely established. Among the most prolific may be mentioned ascarides, or pinworms, and these little pests possess the added quality that they are often difficult to extirpate. As they may be found high up in the rectum, full douches of the remedy employed most be ordered. In females these parasites also give rise to pruritus vulvae, not alone in children, but in adults as well.

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No. 7

THE USE OF TUBERCULIN IN THE DIAGNOSIS OF TUBERCULOSIS.

M. A. BARBER, M. D.

The clinical department of the School of Medicine of the University of Kansas, Rosedale, Kansas.

Read before the Kansas Medical Society, May 4, 1910.

In reviewing the literature on the use of tuberculin in diagnosis one is struck by the diversity of opinion on the part of excellent authors regarding the reliability of the different tests. We have all variations from those who deny the specificity of tuberculin and hence hold that its use has no diagnostic value to those who like Wolff-Eisner, ascribe to tuberculin not only a high diagnostic value but a prognostic as well. However, if we summarize the opinions of the majority we find the prevailing view is that the tuberculin reaction is specific, though not necessarily so to an active lesion, and that this specific action may be demonstrated in the lower animals as well as in man.

It is not the intention of this paper to review the very many recent articles on this subject, but merely to bring forward some practical considerations which may be of use to the physician who has to do with tuberculous cases.

First we know that tuberculin, in order to bring about a reaction, should be so far introduced into the body that it may readily be taken up by the lymph or blood channels; second, we recognize that the tuberculin test, like all biological tests, depends on the quantity as well as on the quality of the substance employed. It is evident then that the opthalgo test of Calmette and Wolff-Eisner, the cutaneous of von Pirquet and the percutaneous of Moro suffer a disadvantage in that it is impossible, practically at least, to accurately gauge the quantity of tuberculin injected. We can only approximate quantitative results in the dilution of

the tuberculin employed and in the length of time it is kept in contact with the absorbing surfaces, the mucous membrane or the abraded skin. To minimize the sources of error one should, for a comparative series at least, adopt some constant method of carrying out each test, and should use a standard tuberculin and uniform dilutions constant in value and not allowed to deteriorate in keeping. To the practitioner who finds only occasional use for tuberculin diagnosis uniformity in method is likely to give better results than experimentation with a variety of methods which can be advantageously employed only where a comparatively large clinic is to be had.

We may assume that all who hear this paper are familiar with the common methods of application of tuberculin in diagnosis and we shall give only some practical points which may be of assistance in the several methods.

In the Calmette, or ophthalmic, test, authors are now using Koch's old tuberculin diluted. In the Johns Hopkins Hospital clinic for tubercular patients, where the writer had opportunity for making extended observations last summer, a one per cent dilution of old tuberculin is used for the first instillation and, in case this is negative, a second instillation of a five per cent dilution is made in the other eye. The least abnormality of the eye is regarded as a contraindication. Out of a series of 1500 instillations made in this clinic but one untoward result has been observed. Some writers report a much larger proportion of bad results and it must be conceded that the method is not without danger in the presence of active or latent eye disease and in healthy eyes where instillations are several times repeated in the same eye.

In the von Pirquet cutaneous test application is most commonly made on the skin of the inner side of the forearm. A drop of old tuberculin undiluted, or a 25% dilution of this tuberculin, is placed on the skin previously cleansed with alcohol. With a sterilized instrument a small abrasion is first made in the skin two inches or so from the tuberculin drop to serve as a control, and the same amount of abrasion is made in the drop. In von Pirquet's clinic the abrasion is made with a special instrument. In the Johns Hopkins clinic a slight incision is made with a sharp scalpel, not deep enough to draw blood. An advantage claimed for the latter method, in children practice at least, is that it is done very quickly and without pain.

In the Hopkins clinic the tuberculin is left on at least five

minutes with a very small wisp of cotton to keep it in place. It is then wiped off and no bandage or plaster is used.

The Moro or ointment test is used commonly only when the patient refuses to submit to any kind of inoculation. According to the method of Roepke and Bandelier, the skin preferably of the forearm, should be first freed from grease by ether. A piece of ointment about the size of a pea is rubbed over an area of about two inches indiameter for one-half to one minute. The ointment has the advantage of always being ready for use. It may be kept for months in the refrigerator unimpaired. It has the disadvantage of being a much less sensitive reagent than the von Pirquet and more liable to error due to variability in the character of the skin of different persons. Rubbing alone may bring out a slight rash and it is well to control the test with a rubbing of lanolin alone. My own skin, rubbed with a mixture of white of egg and lanolin, gives a reaction closely resembling a positive Moro.

There are practically no contraindications for the von Pirquet or Moro tests. A few observers report some reaction with scrofulous children and some slight systemic reactions have been reported. in cases where the scalpel was used in scarification and presumably a larger amount of tuberculin introduced.

The original Koch subcutaneous test is by most authors regarded as the most reliable test for adults. It has the great advantage of allowing the use of measurable doses and in some cases of giving a focal reaction which enables the physician to determine not only the presence of tuberculosis but also its seat. It has the disadvantage of being unavailable in case temperature is present and of being limited by other contraindications. More skill is required in its administration on the part of physician and the patient must be under careful observation before and after inoculation and may suffer some inconvenience in case of a positive reaction. In the hands of careful persons it seems very rarely to be followed by untoward results. Loewenstein in a material of 20,000 subcutaneous injections has never had a serious result. Contraindications are larynx tuberculosis, heart disease, diabetes, nephritis and pregnancy.

In the John Hopkins clinic $\frac{1}{5}$ mg of tuberculin is employed as a first dose and is followed by a dose of 1 mg in case the first proves negative. It is interesting to note that in this clinic, consisting largely of out-patients, the patient is given a blank and taught to take his own temperature. The method is made more feasible by visiting nurses who see that directions are properly carried out.

Loewenstein also begins with $\frac{1}{5}$ mg, but in case of a negative reaction repeats the same dose. In continually negative cases the dose is repeated four times. Koch's more recent method, followed by many authors, is to begin with a dose of 0.1 to 1.0 mg according to the age and strength of the patient. This is given in the forenoon and under the skin of the back. If the first dose is negative it is followed by a doubled dose not on the following but on the next following day. If a rise of temperature of only $\frac{1}{4}$ of a centigrade degree appears the same dose is repeated after temperature has returned to the normal. Often the reaction following this second dose is much stronger than the first slight reaction to the same quantity of tuberculin. Koch holds that any reaction to a dose under 10mg is specific.

Bandelier and Roepke begin with $\frac{1}{5}$ mg and in case this is negative follow with 1.0 mg, 5 mg, and finally with 10mg as the fourth and last dose. Children are given one-half the above quantities.

Some physicians hesitate to use tuberculin in diagnosis because of supposed technical difficulties in the preparation of the material. In the cutaneous applications no such difficulties occur. One has only to purchase a standard tuberculin and for the von Pirquet test use it undiluted or diluted to 25%. If aseptic precautions are used in opening the bottle and removing material the unused portion may be kept for weeks in the refrigerator unimpaired. Dilutions may be kept for some days in the cold, Bandelier and Roepke say at least a week, but they should never be used if they have become cloudy.

If one has any doubts as to sterility of dilutions these may, if made with old tuberculin, be heated until bubbles rise just before use. Moro's salve may be purchased ready made or quickly prepared with anhydrous lanolin. The lanolin is warmed to 20 or 30 degrees centigrade and an equal part of old tuberculin worked gradually in with the spatula.

For the subcutaneous test one can with two graduated pipettes easily make a 1:100 dilution and from this a 1:1000. From the latter dilution the doses can be easily measured, Petrushsky uses a graduated syringe in place of the pipettes in making dilutions. One can of course employ a pharmacist to prepare doses of known strength.

As regards the indications for the different tests the cutaneous tests may be used in any case and at any time, since there are no contraindications. The opthalgo test may be used alone or in connection with the von Pirquet test when the precautions men-

tioned above are noted. There should be no eye lesion, however small, the same dose should not be repeated in the same eye, and a standard tuberculin properly diluted should be employed. The Moro test, apparently less reliable than the von Pirquet test, should be used only when objections on the part of the patient forbids the von Pirquet. The subcutaneous test is best deferred until other means of diagnosis have been found insufficient. Contraindications have been given above.

One precaution in the use of tuberculin is suggested by an interesting observation described to me by Dr. Lawrason Brown of the Adirondack Cottage Sanatorium. In inoculating tuberculin it is often necessary to raise the needle and expel bubbles of air before reading. It was found that if this air is expelled forcibly enough to cause a spray a decided reaction may occur in patients who inhale the spray. Dr. Baldwin of Saranac also told of a violent reaction which both he and an assistant obtained from breathing the dust of tubercle bacilli which were being ground in a mortar.

Further, in tuberculin tests hypersensitiveness must be taken into account. This is well illustrated in positive reactions obtained by a second or third instillation into the same eye when the first instillation is negative. In a series of experiments which I carried out with the Moro ointment I found a number of cases in which a first inunction was negative while later inunctions were decidedly positive. Some persons failed to hypersensitize after repeated inunctions. The views of authors regarding positive reactions obtained only on repeated tests is different. Some, as Bandelier and Roepke hold that in the clinically and anatomically non tuberculous hypersensitiveness cannot be induced. They hold that no patient can be declared wholly non tuberculous by the Calmette test until the fourth instillation repeated in the same eye has proved negative.

We will briefly consider the all important question of interpretation of results. It is assumed that the characteristics of the different positive results are well known and need not be repeated here.

A positive von Pirquet in adults can at best indicate only a previous infection with the bacillus of tuberculosis and can give little light on the question as to whether the infection is healed or not. A negative reaction has much more value in adults. In the statistics of Bandelier and Roepke 97% to 98% of tuberculous adults showed a positive von Pirquet. In children a positive as well as a negative von Pirquet has much value. The statistics

of von Pirquet show that in a series of children coming to autopsy 97% of those who showed a positive cutaneous reaction showed microscopic tuberculous lesions at autopsy and of those who presented no such lesions at autopsy all had proved negative to the skin test. It is to be remembered that this test may prove negative in children if applied during an attack of measles.

In the less sensitive Calmette reaction the negative reaction in adults has less value. In the statistics of Bandelier and Roepke a positive Calmette was obtained in only about $\frac{1}{2}$ of the cases of active incipient tuberculosis.

While few authors agree with Wolff-Eisner in regarding the positive opthamo reaction as an absolute indication of an active lesion, a positive reaction is generally given more weight than the negative. In the Johns Hopkins clinic both the von Pirquet and Calmette are done as a matter of routine. Little weight is given a positive von Pirquet in adults but a negative von Pirquet or a positive Calmette is considered to have decided diagnostic value.

While both the positive and the negative subcutaneous reaction is regarded by most writers as the most valuable of the tuberculin reactions, there is abundant evidence to show that a general systemic reaction does not necessarily mean an active process, nor does a negative reaction absolutely exclude tuberculosis. Where there is a distinct and characteristic focal reaction the positive test is of the greatest diagnostic value and may be ranked with a finding of bacilli.

It is of course understood that all tuberculin reactions are likely to fail in advanced cases. This failure is of little practical importance since tuberculin diagnosis is largely useful in the recognition of incipient cases. The distinction between active and healed lesions is of the greatest importance and in this the tuberculin tests, with the exception of the focal reaction after Kochs test, are commonly considered to leave us in doubt. But we must remember that if we were in possession of all anatomical and physical data we could not always draw a sharp boundary line between the harmless quiescent condition and the dangerous one, between the smouldering fire that is dying, and the one that is growing. We cannot justly demand of the tuberculin reaction that it indicate a sharp line of demarcation where no such line exists.

Lastly we would emphasize above all that any tuberculin test should be taken in connection with a careful physical diagnosis and with all other findings obtainable. It is inexcusable to tell a patient that he is free from tuberculosis on the simple evidence of a negative tuberculin test of any kind; and the positive test

should be controlled by a careful physical and bacteriological examination. A physician would not neglect the temperature curve in the diagnosis of tuberculosis, nor would he depend on the temperature alone. The tuberculin reaction should bear a similar relation to the other findings. The relative weight to be given the tuberculin test depends, of course, on the nature of the reaction, on the test used and on the age and condition of the patient; and this matter must often be decided by the diagnostician for each case individually.

In summary it may be said that the tuberculin tests are of decided value in those numerous cases in which the ordinary methods leave the physician in doubt. They present no technical difficulties insuperable for the careful practitioner. The positive von Pirquet in children, the negative in children and adults, the positive Calmette, the positive and negative subcutaneous and especially the positive subcutaneous with focal reaction have a greater value than the other tuberculin findings. No condition should be judged by the tuberculin test alone, but this should be taken only as one element in making up the diagnosis.

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ETIOLOGICAL FACTORS IN CHILDREN'S DYSENTERIES.

EDWIN H. SCHORER, M. D., Lawrence, Kansas.

Read before the Kansas Medical Society, May 5, 1910.

Children's dysenteries are of the greatest importance to us as they occur during the summer months, and by many writers on the subject are considered only as the "summer diarrheas of infancy." Many attempts have been made to classify these intestinal disturbances but generally these classifications have been unsatisfactory. With the discovery in 1898 of a bacillus of dysentery by Shiga, a specific etiological factor for at least a group of these disorders was established, and this group we can now call the group of epidemic dysentery. This group, however, does not by any means include all of the summer diarrheas of infancy, for the group of non-specific dysentery, no one causal factor has been discovered.

Before we can consider the various causes of the intestinal disturbances, we must realize that we have two large classes of causes of disease; predisposing and actual. Of these the predisposing causes reduce the vital and physical powers of the body and include such factors as age, sex, race, hygienic conditions of environment, climate, food and heredity. These factors, while

recognized, have within recent years been much neglected, while the actual causes, sometimes called exciting causes, have been much more closely studied. The exciting causes of disease, include the specific elements which may be either physical, chemical or vital. Of these, the vital causes, especially the bacteria, have added new zest to the study of these complaints.

EPIDEMIC DYSENTERY.

While Dr. Booker some years ago stated that "No single organism is found to be the specific exciter of the summer diarrheas of infants" still, today, bacillus dysenteriae is regarded as the specific etiological factor in the group of summer diarrheas called the group of epidemic dysentery. This bacillus was discovered by Shiga in 1898 in association with a number of cases of acute diarrhea which occurred in Tokio in 1897 and 1898. In 1901 this bacillus was first isolated in the United States by Duval and Vedder from the stools of a number of adults suffering with dysentery and in 1902 it was first isolated by Duval and Bassett from the stools of forty-two infants suffering with diarrhea. In 1903 the Rockefeller Institute for Medical Research, undertook the bacteriological investigation of summer diarrheas in the cities of New York, Philadelphia, Boston and Baltimore, employing for this investigation some twelve bacteriologists. In all 412 cases were studied in this investigation, and from the stools of 279 patients, or in 63.2% of the cases, bacillus dysenteriae was isolated. Since that time numerous other investigators have isolated this bacillus from stools of children's dysenteries as well as from dysenteries in adults, especially in institutions, as, asylums and prisons. From all of the investigations, it must be concluded that as far as children's dysenteries are concerned that infection with bacillus dysenteriae occurs under a variety of conditions, as acute, primary infection in previously well children, as subacute infection following such diseases as measles, pneumonia, etc., and as a terminal infection in children who are poorly nourished and marantic. The symptoms in the disease vary markedly from those belonging to intestinal indigestion to those of severe ileo-colitis. The stools may show only the character of a relatively mild diarrhea, while in other cases there may be marked blood, pus and mucus. The disease is not found in any one locality, occurring in about equal frequency in the large cities along the Atlantic Sea Coast, although it has been observed that there are more acute cases in the southern cities than in the cities further north. The disease is not dependent entirely upon artificial feeding for it is seen at-times, in breast-fed children,

nor is the disease found entirely in tenements and among the poor, for numerous cases have been observed in children living under the best surroundings, even in country districts.

While the patients, from whose stools dysentery bacilli were isolated have shown various clinical types of disease, still dysentery bacilli have been isolated in largest numbers and most frequently from stools containing mucus, blood and pus. These cases by some, have been called "Infectious diarrhea." In investigations carried on by Knox and myself in 1904; in which 74 consecutive cases of intestinal disturbances in childhood were studied at the Thomas Wilson Sanitarium near Baltimore, dysentery bacilli were isolated from 58.3% of the cases studied, while 93.3% of the cases, the stools from which contained mucus, blood or pus, yielded bacillus dysenteriae. Similar results have been obtained in other laboratories.

The etiological relation of bacillus dysenteriae to the cases from which the organism is isolated, however, is not established by the mere finding of the bacillus. It has been observed right along that the number of dysentery bacilli isolated from the stool of a given patient, varies from one culture to a hundred or more isolations. This has given rise to the question whether other organisms which may be much more frequent in the stool of these cases may not be causal factors. This question is not yet solved, but it does emphasize the possibility of the development of severe cases of bacillary dysentery from mild attacks. Of the other methods of determining the causal relation of dysentery bacilli to these cases, animal experimentation has been of little value, inasmuch as our ordinary laboratory animals are not susceptible to this organism, it being impossible to produce the intestinal lesion consistently in laboratory animals. Investigations, however, on the production of antibodies, have been much more successful. Shiga, in his work of 1898 decided upon bacillus dysenteriae as the causal factor in his cases, because serum from the patients agglutinated this species of organism. Duval and Bassett found that agglutination was positive in many cases in high dilutions, while Martha Wollstein in 1903 reported, that "the serum reaction is uncertain during the first week, frequently positive after the sixth day, but may be absent for two weeks." Winnie got positive agglutination in 65% of forty cases, from which dysentery bacilli were isolated. Knox and the author in 1904 found that sometime during the disease the blood from 47.7% of the cases agglutinated stock cultures of the Flexner-Harris type, and 65.7% the particular type of dysentery bacilli isolated from the pa-

tient's dejecta. Lucas, Fitzgerald and the author, found positive agglutination with blood on patients in 55.5% with the Flexner Harris type and 24.4% with the Shiga type of dysentery bacilli. Furthermore fixation of complement was found in 41.8% for the Flexner-Harris type, and 45.2% for the Shiga type, while agglutination was positive and 63.1% for the Flexner-Harris organism, and 21.6% for the Shiga type of bacillus dysenteriae. The presence of antibodies, indicates quite definitely the specificity and etiological relation of the dysentery bacillus to some cases of dysentery.

The source of infection with dysentery bacilli is frequently difficult to explain, for it is found frequently that some of the patients are breast-fed, while other children have been fed entirely on boiled, or at least on pasteurized milk. In these cases, however, it must be remembered that unboiled water may possibly have been given between feedings and that there is possibility of infection of the mouth by means of infected flies and hands. Various attempts have been made to associate epidemic dysentery with pollution of public water supplies which, although not conclusive, still are suggestive. Furthermore, a number of cases have been reported in which bacillus dysenteriae have been found in the stools of apparently normal children. It thus seems unfair to assume that failure to find the possible source of infection argue against the causal relation between dysentery bacilli and some cases of dysentery.

Flexner and the earlier investigators after Shiga's discovery, isolated a number of organisms which they believed were the same as the organism isolated by Shiga. However, as early as 1901, MacConkey and Hill found differences in certain cultural characteristics and later, Martini and Lentz, and Hiss and Russell divided dysentery bacilli into subgroups on the basis of fermentation of various carbohydrates and the alcohol mannite. According to fermentation characteristics the group of dysentery bacilli, may be divided into two large groups, the organisms in one of which ferment mannite, while those in the other do not. The non-fermenter of mannite is represented by Shiga's original organism, is found most frequently in severe cases of dysentery, produces a soluble toxin, and occurs more frequently in adult dysentery than it does in children's dysentery in this country. The fermenters of mannite may again be divided into several groups of which the most important are represented by the organism referred to as the Flexner-Harris, Hiss's Y and Strong's isolation. This group is found most frequently associated with the dysenteries in children along the Atlantic Sea coast.

Various attempts have been made to establish the relation of the bacilli belonging to the so-called dysentery group to the diarrheal affections of infants. Experience, however, teaches us that while the largest proportion of instances of ileo-colitis and the highest mortality occur when there is more than one type of dysentery organism, still it is impossible to determine any consistent difference between the severity of the disease and particular type of mannite fermenters. The Shiga type is generally regarded as being more virulent than any of the fermenters of mannite. A further observation has been made that other organisms in association with dysentery bacilli produce a more marked diseased condition and in some cases may be responsible for the production of the the anatomical condition in the intestinal mucosa among which streptococcus pyogenes is probably the most important.

The diagnosis of epidemic dysentery is not always easy, as was pointed out in the discussion of the varying manifestations of disease in association with the presence of dysentery bacilli, in the dejecta. If we accept the clinical diagnosis of infectious diarrhea, which can always be made from the presence of mucus, blood and pus in the stools, together with fever, we will include a large percentage of the cases of dysentery bacillus infection. However, it is not to be forgotten, that while these cases are almost always associated with the presence of dysentery bacilli, the organism may also be found in cases in which there is but slight manifestation of disease. These patients may very easily be the source of infection for well children.

Specific treatment of the cases of bacillary dysentery by the use of anti-dysenteric serum, has been undertaken and accompanied by various degrees of success. The results obtained in Japan have been especially gratifying, the mortality, according to Shiga, having been reduced from 22 to 26 per cent to 9 to 12 per cent. In the United States, however, anti-dysenteric serum has been of relatively little value in the treatment of children's dysenteries. The reasons for this difference in results are not entirely explained, but are apparently partially dependent upon the kind of serum used and the time of the administration of the same. The serum which has given most satisfactory results, and the one which has been used by Shiga, is one made by immunizing animals against the Shiga type of dysentery bacilli, and their toxins. This type of dysentery bacillus, produces a soluble toxin and for it, therefore, a definite anti-toxin can be made, while for the mannite fermenting types only anti-bacterial sera can be made, because these organisms do not produce an extracellular toxin. The re-

lative value of these two types of sera, is well known. Inasmuch as our cases in this country are most frequently associated with the mannite fermenting types, we cannot at the present time, hope to get as satisfactory results from the use of them, as if the infections were produced by the Shiga type of organism. Specific treatment with serum, is usually not begun as early in this country, where so many cases of intestinal disturbances are only transient and not as severe as in the tropics.

Active immunization by the injection or feeding of killed cultures of dysentery bacilli, has been undertaken as a prophylactic, as well as a curative measure. This method, however, cannot readily serve either of these purposes in this country, because the occurrence of bacillary dysentery under ordinary circumstances, is not as wide spread nor as severe as in the tropics, therefore people are not willing to be immunized before the occurrence of the disease. Furthermore, immunity lasts only a few months, and therefore, at least two immunizations in one season would be necessary. As a curative measure the treatment is applicable only in chronic cases.

INTESTINAL DISTUBANCES OTHER THAN EPIDEMIC.

Various bacteria other than dysentery bacilli, have been associated with diarrheas. The most important of these is the tubercle bacillus, associated with summer diarrhea, but may be confused with it. According to V. Beahring pulmonary tuberculosis is usually of intestinal origin. Calmette and Guerin have found that in young animals the mesenteric glands are first affected while in adults the original lesions are in the lungs. This difference they ascribe to the close packing of the follicles and follicular ducts and the small cavernous portions which they find in the mesenteric glands of the young animals. According to these observers the spaces in the pulmonary tissue and adult mesenteric glands are very much larger. It must also be remembered that tubercle bacilli may pass through the intestine without injuring the same. When tuberculosis of the intestine does occur it may appear in the form of either tubercles or ulcers. The best diagnosis of intestinal tuberculosis is made from the demonstration of tubercle bacilli in the stool, but here it must again be remembered that their presence may be due to tubercle bacilli from swallowed sputum. Frequently with intestinal tuberculosis there are other symptoms and signs of tuberculosis. The diarrhea varies, there may be hæmorrhage, pain and intestinal indigestion.

Streptococci, colon bacilli, lactic acid bacteria, peptonizing bacteria, bacillus pyocyaneus and other bacteria, some of which

have been found to be pathogenic to laboratory animals, and which were agglutinated by blood from the patient, have been regarded as causal factors in certain cases of dysentery. While streptococci and some of the other species mentioned apparently produce more marked cases of dysentery, still it seems as if these organisms are only of importance when associated with certain predisposing factors to disease. It very frequently happens that children who are apparently normal and healthy will have severe attacks of diarrhea within twenty-four hours after some exposure to cold or indiscretion in diet, and in these cases the isolation of some type of organism can hardly be regarded as producing pathological conditions in the intestine. In these cases predisposing factors undoubtedly are of importance.

The fact that diarrheal disease occurs most frequently during the first year of life and especially during the summer months, and are so often associated with feedings ill suited in quality and quantity, emphasizes the most important predisposing factors. It is at this time that the delicate alimentary canal is most susceptible to abuses. The nature of the contents of the digestive tract may be such that it is possible for bacteria which at other times are normal inhabitants of the intestine and which usually are harmless, to produce by fermentation and peptonization, substances that may be highly toxic and irritant to the intestinal mucosa. Furthermore there are undoubtedly many cases of diarrhea in children which are not produced by bacteria in the intestine, but result from the ingestion of poisonous and irritating food; among these may be mentioned the acids of fruit, vegetables, ice-cream, toxins of fish and other so called ptomain poisoning. Park and Holt have emphasized the fact that the occurrence of diarrheas is much less affected by the character of the food than the care that the infant receives in which they included the time of feeding, the amount and constitution of each feeding and cleanliness in the care of bottles, etc., Even when all care is taken in feeding, the depressing effects of great atmospheric heat are very marked. It is frequently a difficult matter to persuade mothers to dress their children according to the temperature.

Aside from the various causes already mentioned, many cases of diarrhea are undoubtedly due to mechanical irritation. Of these causes chronic constipation is the most important, although indigestible articles, green fruit, etc., must also be mentioned. At times drugs which are given for the treatment of other conditions will lead to diarrheas, among which drugs mercury is probably the most important. A group of diarrheas which is

often only unsatisfactorily treated are the results of nervous irritation, and may come from fright, overheating, chilling and the like. In many cases intoxication as in uremia, measles, etc., may be responsible for the frequency of stool.

Summer diarrheas in children occur most frequently during the first year of life, and especially during the summer months. The dysentery bacillus is capable of producing every type of diarrhea, but the mechanical and nervous, and is the cause of the most important and frequent intestinal disturbances of children in the summer months. In all cases, however, the predisposing factors to diarrheas must be considered, for even in the cases of bacillary dysentery they apparently play a considerable part.

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NON-TUBERCULAR INFECTION OF THE KIDNEY.

C. C. NESSELRODF, M. D., Kansas City, Kansas.

Read before the Southwest Medical Association Oct. 1909.

In presenting this paper, we make no claim for anything original. It is simply a partial review of the literature, together with the report of some type cases from those that have come under our observation recently. We will report the cases and then discuss the subject. In dealing with so large a subject in one short paper, we must of necessity omit much of the detail in both history and pathological findings, and only hit the high places as it were.

Case 1. Mrs. N., age 23, married one year, was confined on May 30th (first confinement); instrumental delivery with an extensive laceration of the perineum; this was repaired immediately and healed by first intention. She was unable to pass her urine and was catheterized every six hours; she did nicely, temperature and pulse normal after two days. On June 8th, she complained of some headache; no appetite for supper. Up until this time she had passed no urine except by catheter. Her attending physician was called and found her with a temperature 102. The following day, temperature 100 to 102. On June 10th, a consultant was called from a neighboring town. They naturally thought of the uterus as the source of the infection; they anesthized her and gave an intra-utrîne douche. The following day she had a chill, followed by a temperature of 104, pulse 130. Her attending physician telephoned me, asking me to come down to see her with him. I found her at 2 A. M., June 12th, with temperature 102, pulse 120; no vaginal discharge, no tenderness about uterus,

but uterus firmly contracted; the only tenderness to be found was in the region of right kidney which was palpable and extremely tender.

On questioning, was told by her attending physician that her urine contained quantities of pus. On examination of same, found great amount of pus, no blood, colon bacilli, no casts, Her leucocytes were 15,000. One week later, the other kidney became involved, and I saw her again; she was brought to Kansas City and placed in St. Margaret's Hospital, put upon urotropin and large quantities of water. She made a slow, but complete, recovery.

Case 2. Mr. S., age 57, was admitted to the service of Dr. Geo. M. Gray, St. Margaret's Hospital, complaining of "Stomach Trouble"; had been vomiting with increased frequency for some three weeks; gave a history of having had gonorrhoea, followed by a stricture some 25 years before, and also a history of having been treated in a hospital in Des Moines, Iowa, one year ago for malaria; had a few chills at that time. On examination, we found his left kidney palpable and tender; could not palpate his right one; urine full of pus, few casts, no blood, many bacteria. Could not pass a sound to dilate his stricture; a super-pubic cystotomy was done for purpose of drainage, expecting to put patient upon utropin, but he continued to vomit, developed other symptoms of uremia, and died one week later. I held an autopsy, finding the following: Heart and lungs normal, abdominal-viscera normal, right kidney hard and about one-half normal size, capsule adherent, pelvis thickened and the seat of a chronic inflammatory process, ureter thickened but patulous. On section it cut with resistance and the distinction between cortex and medulla had practically disappeared. It was a sclerosed kidney; one that had been the seat of a chronic infection of a low order of virulence, and one in which the drainage had never been obstructed.

The left kidney presented another picture. It was enlarged and congested. Its capsule slightly adherent, but where it adhered it pulled out pieces of the kidney substance. On section it presented a soft, almost friable, surface from which oozed a bloody serum, rich in leucocytes, no abscesses. Its pelvis and ureter were both thickened, but patulous and contained some pus. Bladder wall very much thickened, and the seat of an old inflammation. On microscopic section, the right kidney showed a great increase in connective tissue, with an almost complete obliteration of the tubules. It was a sclerosed kidney, one in which the infection had been overcome by a process of sclerosis at the expense of the func-

tionating properties of the kidney. The left kidney on microscopic examination showed an earlier stage of the same process. Some increase of connective tissue, while the epithelium of the tubules was undergoing degenerative changes.

The thing that was most interesting to me was the fact that an infection of the kidney of such a grade as was here present might resolve without abscess formation.

Case 3. Also from the service of Dr. Gray, St. Margaret's Hospital. Mrs. S., age 34, one and one half year ago fell and sustained an injury to her side. Some two months thereafter, she first noticed a lump in the right side of her abdomen, tender but not painful. Has remained present, gradually but slowly enlarged, rarely painful; occasionally some fever for a few days. These attacks of fever accompanied by more pain and enlargement more painful and tender for past month. No bladder symptoms until within last month; now a marked cystitis. This lump she spoke of was twice the size of a fist, and was diagnosed as a distended kidney, probably containing pus. It was removed and proved to be a double kidney; two pelves and two distinct ureters; the upper pelvis and that part of the kidney draining into it, entirely free from infection and both macroscopically and microscopically normal. The lower kidney, or that part draining into the lower pelvis, constituted a pyonephrosis containing about one quart of pus.

Case 4. A kidney I received as a pathological specimen with the following history: Miss W. age 23, was taken suddenly with a severe pain in the right side of abdomen, rather too high and severe for the appendix; temperature 104, pulse 120; tenderness most marked in the right costo-vertebral angle; no cystitis; kidney removed by operation. Pathological examination as follows: Kidney somewhat enlarged, and on section the surface cut showed an acutely congested kidney, with one small abscess near the upper pole, with numerous small, yellowish-white areas that look to be beginning abscesses. On microscopic section, the specimen showed multiple areas of infection of microscopic size, the centers a mass of bacteria and leucocytes surrounded by an area of round cell infiltration rich in leucocytes.

In considering the general subject of Non-Tubercular Infection of the Kidney, the relative frequency with which the special organisms are found is in the following order: (1) *Bacillus Colli*. (2) *Staphylococcus Py. Au.* (3) *Streptococcus*. (4) *Proteus Vulgarus*. (5) *Pneumococcus*. (6) *B. Typhosis*. (7) *Gonococcus*. More often, they are mixed infections. There is but one authentic report of a case of pure gonococcus infection of the kidney published.

Next to consider is, how does the organism reach the pelvis of the kidney? Here the authorities are divided.

The Americans and Germans naming two routes, the ascending or urogenous, and the descending or the hæmotoginous; while the French school hold that all kidney infection are hæmotoginous in origin. They base their contentions on a long series of experiments done by Redland and Bonneau, also those done by Posner and Lewin. These were done upon rabbits and dogs. In some they exposed one kidney and bruised it by squeezing it between the thumb and finger. They inoculated the animal in the ear with a live culture, some bacillus colli; others staphylococcus, still others pneumococcus. On others they injured the kidney by a blow over the kidney region. Still others they ligated the ureter to one kidney then innoculated. In the majority of cases they got a pyonephritis of the injured kidney without a lesion of the uninjured one. In some of Posner's cases, he ligated one ureter and the rectum and got a pyo-nephrosis of the ligated kidney due to bacillus colli.

They point to the work of Cuneo upon the lymphatics of the bladder, ureters, and kidney, in which he proves that there were no lymphatics within the mucus membrane of the bladder or ureters; the only ones were deep in the muscular coat, and that they drained not toward the kidney, but into the adjacent iliac glands. That those of the kidney drained towards its pelvis. They hold that in not a single case it has been proven that bacteria travel against the natural stream of the body, and point to the change of view that has taken place in regard to the infection of the biliary tracts. That they are all from the portal vein infection instead of ascending as was formerly supposed. They call attention to the fact that all infectious diseases, such as pneumonia and typhoid, or even in cases of furunculosis that bacteria are being eliminated through the kidneys. Thus affording opportunity for infection of the kidney, provided that the second condition be present, vs. some injury to kidney or any factor which has lowered the resistance of the kidney. They hold that in the cases of infection of the kidney which are preceded by a cystitis, (which is the case in from 65% to 75% of the cases), that which happens is this: The cystitis goes merrily on, either with or without symptoms until the lymphatics of the muscular coat are enveloped; that from this time on more or less of the organisms are found in the blood, and are consequently being eliminated through the kidneys. That as a result of the inflammation in the wall of the bladder, the valve like function of the vesico-ureteral

opening is increased, thus producing a stasis of the urine in that kidney and predisposing it to infection. Thus the cystitis is indirectly the cause of the pyo-nephrosis, yet it comes by the hæmotogenous route rather than by a direct extension upwards.

Now, as to the American and German conception: They admit the very great importance of the hæmotogenous infections as noted by Opitz in Germany, Ward in England and Brewer in this country, but hold that the ascending route is more frequent and urge the following reasons in their behalf; (1) The onset of the symptoms of pyelitis is generally preceded by cystitis (65% to 75%). (2) Only one kidney is affected as a rule; if both be affected, the one precedes the other by from a week to a few months. (3) No other organ shows signs of infections. This we could hardly expect if the kidney infection was merely a part of a general bacteria. It is important to note that Opitz failed to obtain a culture from the blood of his cases of ascending infection.

It is also interesting to note that he failed to get blood cultures in any of the cases after ligature of the bowel. If it be granted that the organism may follow the ascending route, we have next to decide the way it finds its way upwards. For when the organism is in the bladder, there is still the valvular action of the ureteral orifice to overcome, an action which is said to be increased in cystitis by muscular spasm at this orifice.

Morris and Watson both speak of an infection ascending by way of the lymphatics of the ureter and the kidney. This in all probability does not take place in view of the generally accepted work of Cuneo on lymphatics of the bladder and ureters.

Bond, as the result of his experiments, concluded that bacteria did not ascend the stream of urine, but passed upward in the mucus membrane itself to the stagnant pool of urine above the obstructing valve. He found that if sterilized granules of indigo are applied to the orifices of various mucus cavities, they ascend contrary to the natural stream and also contrary to the lymphatic drainage. For instance, indigo was applied to the lips of the uterus and two days later was found in a pyosalpinx. In another case, it was found in the abdominal cavity near the ostium abdominalis. Indigo placed in the rectum three days later was found in the cæcum. Also some placed in the bladder was recovered from a fistulous ureter in the loin.

After having once gained the stagnant pool of urine on the proximal side of the vesico-ureteral opening, it is then only a matter of little time until the pelvis of the kidney is involved.

It seems to me that any case of obstruction to the outflow of

the urine from the bladder, as in the cases of prostatic hypertrophy stricture of the urethra, or cases of retention, like case I of this paper, and the consequent repeated distension of the bladder, there must be at times a partial paralysis of the bladder and consequently an open ureteral orifice which would naturally admit of an extension of the infection by the urine without pustulating an extension by mucus membrane or lymphatics. The first of which does occur and the second probably never.

Only last week, I examined a bladder in which the ureteral openings were at least one-half inch in diameter, constantly open with the ureters dilated even more above the openings. The result of residual urine from a chronic urethral obstruction. Also recently there came into the hospital a man with a spinal injury from whom 80 oz. of urine was drawn by catheter.

As to the division of the cases according to the American-German classification, Brewer of New York concluded after a long line of experiments carried out on dogs and rabbits, that two things were necessary for a hæmotogenous infection, viz: (1) A septic focus somewhere in the body capable of furnishing a certain number of bacteria to the blood current. (2) A diminished resistance on the part of one kidney due to the trauma, the presence of a calculus, an obstructed ureter, or a previous septic lesion. Brewer refers to two cases in which there was a history of trauma, one case 16 years, the other 14 years before.

Eckart reports a case of hæmotogenous infection in which there was partial ureteral obstruction due to an apparent renal artery which there sprung from the aorta passing to the lower pole of the kidney in front of the ureter.

Brewer's experiment practically paralleled those of the French, but his conclusions were not so radical. He insists upon the importance of an early diagnosis in these cases; yet states that a majority of the infections of the kidney are preceded by a cystitis and are ascending in origin. The importance of these cases of infection of the kidney has never been appreciated, and but very few of them have been recognized. I feel safe in saying that 80%, if not 90%, of the old men who die of so-called "senility", really die of an unrecognized ascending pyo-nephritis, the result of a cystitis due to prostatic hypertrophy.

Morris says that if the infection takes place through the lymphatics, the suppuration will begin in the interstitial tissue, whereas if it entered by the blood-current or the urinary channel, as in the ascending type, it will be manifested primarily in the terminal capillaries, and in the renal tubules, respectively; but as Morris

very properly points out, it is often impossible to determine the avenue of approach since all the distinct parts are early involved. But after the infection has once taken place, regardless of its origin or the manner of its entrance, the future course depends upon two factors, viz., the resistance of the patient and the virulence of the organism. If the virulence be greater than the resistive power of the patient and his tissues, you have a sepsis established which demands an immediate and radical treatment. If the resistance be greater, then you have a condition which will resolve, barring accidents. By accidents, I mean if nothing happens to interfere with the drainage of the kidney or any of its tubules. But if such an accident happens, then you have a nephrosis if the obstruction is to the ureter, or an abscess of the kidney if the obstruction be to some of the tubules. Either of these are surgical and require drainage. It is these milder cases without accidents that are medical and in which urotropin and large quantities of water is the best treatment.

Now, a word as to diagnosis: This is best told by case history. In the ascending type, you have, as in cases 1 and 2 of this paper, a history of cystitis, then an increase in the severity of the symptoms, perhaps a chill, and at once there is noted tenderness over one or the other of the kidneys, especially is this tenderness noted in the costo-vertebral angle. The kidney enlarges, and many times becomes palpable and is always distinctly tender.

In the hæmotogenous, there is seldom a history of preceding cystitis, the onset is usually acute, many times a chill, high temperature, one-sided abdominal pain, often severe nausea and vomiting, extreme prostration, tenderness in the kidney region, particularly in costo-vertebral angle, urine contains some albumen, some pus, and perhaps some blood. A number of Brewer's right-sided cases were sent in with a diagnosis of acute appendicitis. He says regarding this type of cases "There are three important facts regarding the behavior of this form of infection that are not generally appreciated by the profession. The first is that these lesions are usually unilateral. The second, that in the most severe type the toxæmia is so overwhelming that death often occurs before the characteristic renal symptoms are developed. And the third, that these cases in their early symptomatology vary greatly, the clinical picture often suggesting an acute grippe, an appendicitis, or a chole-cystitis."

In conclusion, just a word as to the cases reported: Cases 3 and 4 are certainly cases of hæmotogenous origin, but in neither were we able to determine from the case history the location of

the septic focus from which the infection originally arose.

In case 3, the local factor that determined the infection of the kidney may have been either the preceding trauma, or like Eckart's case, may have been due to the anomolous arrangement of the kidney. In case 4, in the meager history I got, there was nothing to indicate either the source of the infection or the determining factor.

Cases 1 and 2 are undoubted cases of ascending origin; case 1 showing what may be expected in cases early recognized and rationally treated. The one most fortunate thing about this case was the drainage both of the kidney and its pelvis which was at all times perfect. Case 2 shows the outcome of just such cases not early recognized. In case 1, we surely had an involvement of the kidney as well as its pelvis.

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ACUTE ENDOCARDITIS.

E. L. SIMONTON, M. D., Wamego, Kansas.

Read before the Golden Belt Medical Society, April 7, 1910.

An acute inflammation of the lining membrane of the heart and its valves, and is characterized anatomically by vegetations, necrosis and ulceration. It is sometimes classified according to the nature of the infection, of which the most common is rheumatic, frequently seen but more rare is the streptococcic, staphylococcic, pneumococcic, typhoid and gonococcic. According to the character of the lesion, there is the verrucose and ulcerative forms, and according to the severity of the symptoms there is the benign and malignant varieties. The first classification is misleading, as there is essentially no benign form. There is always erosion of endothelium, vegetative outgrowths, and ulceration.

The danger depends on the nature of the infecting agent, the extent of loss of substance, and the blood defences. Endocarditis is always a serious affection; if not immediately, it may be remotely so by sclerotic changes which lead to retraction and insufficiency of the valves.

The so-called benign kills remotely a much larger number than the malignant form.

The best authorities recognize clinically four great groups of infective endocarditis:

1. The endocarditis of the general infections, rheumatic fever, typhoid fever, scarlet fever and a few others. Simple, and in most cases harmless at the time, it leads often to sclerosis of the

valves, and to chronic heart disease.

II. The ulcerative, which is a part of septic pyæmia arising in local infections, puerperal processes, bone disease, gonorrhœa, etc.

III. The recurrent endocarditis of chronic heart disease.

IV. Chronic septic endocarditis, caused by the growth of vegetations on the valves, in which there is slow intermittent fever.

In the first two groups the symptoms are part of an infection of which the endocarditis is an incident. In the last two, the focus of infection is in the valves, and the symptoms are due to that alone.

The conditions under which the endocardium is affected, on the authority of Wm. Osler, are as follows:

1. "Infective endocarditis is a valvular, rarely a mural, lesion, and on the valves the closure lines are points of election. In the fœtus, the right heart is most frequently affected; in the adult, the left.

2. Most frequently an incident in septicæmia. It is not always possible to say whence the infection has been derived. In almost any one of the ordinary febrile diseases endocarditis may be a complication, but it is particularly during childhood that we meet with it, and above all others—in rheumatic affections.

The tonsils are probably the portals of entry for micro-organisms in this group.

3. Certain bacteria are much more prone, to excite endocarditis than others. The streptococci and staphylococci, the micrococcus rheumaticus, provisionally, the pneumococcus and the gonococcus are the chief.

4. The liability to infection of the valves does not depend upon the number of organisms circulating in the blood. Virulence of the organism plays an important part. The most intense local infections are met with in the virulent septicæmias and gonorrhœa. In rheumatic fever and chorea the local lesion is itself trifling rarely associated with destructive changes in the valves, and yet these are the very organisms which have a special predilection for the cardiac valves.

5. We do not know what determines the settlement of the organisms on special valves or on special portions. It has been shown that experimental lesions of the valves, if made with proper precautions, are not followed with endocarditis, but if done with unclean instruments, or, if after the injury, suitable organisms are injected into the blood, an inflammation follows.

6. The injection of cultures alone is, as a rule, negative so

far as the valves are concerned, but Poynton and Paine have shown that endocarditis may be caused by the injection of organisms belonging to the streptococcus class and the one which is believed to be the excitant of rheumatic fever.

7. It is believed that micro-organisms settle directly on the valves from the blood current. Strain and tension have a great deal to do with endocarditis. The more common involvement of the mitral and aortic valves in extra uterine life may be thus explained. The points first involved correspond to the points which bear the greatest strain, and on which the endothelium would be most likely to suffer first."

There are two lesions of the endocardium; verrucose vegetations, necrosis and ulceration. The verrucose occurs in the so-called simple form; the ulceration, in the virulent or malignant type. The proliferative changes leading to sclerosis is a sequelae of the other two and partakes more of the chronic type.

The vegetations form small bead-like structures, soft and grayish white in color; sometimes they are warty, cauliflower-shaped excrescences; sometimes pedunculated. This lesion is usually in the left heart, and often on the mitral valve.

The ulcerative or necrotic lesions affect the right side of the heart more frequently than does the simple or verrucose form. But the left heart suffers greatest, probably in about 70% of the cases

The ulcerations cause extensive destruction of the endocardium, and valve tissue. Sometimes an ulcer may perforate the aortic ring or septum. Often there is only superficial erosion of the valve covered with a gray diphtheric looking membrane; hence, the term "diphtheric" applied to this form.

The deep perforating ulcers are due to streptococcus infection or other pus organisms. The process may be very acute, or it may last several months without acute symptoms. Septic emboli and hemorrhage are frequent in this form.

The infection in practically all cases of acute endocarditis gains access to the system through the skin or mucous membrane. The alimentary tract is the most common portal of entry. The tonsils are hot beds of infection and responsible for a great many cases, and, if the infection of acute rheumatic fever is here harbored, their significance is very great.

It is a notable fact that from them at any time may be cultivated the very organisms that are most liable to produce endocarditis. Many severe forms follow local skin infections; as a rule though, the endocarditis is secondary to the more severe general infection.

Rheumatic infections cause more endocarditis than all other causes combined. In this group we have arthritis, tonsilitis, chorea, erythema and fibroid nodules. The precise germ has not yet been settled, but the evidence suggests that it is one related to the streptococcus group.

Frederick J. Poynton, after discussing the various theories of causation of rheumatic fever, has this to say of a certain diplococcus discovered by himself and other investigators:

"This diplococcus has been isolated by a considerable number of investigators, and its relationship to the disease worked out, step by step, within the last ten years. Westphal, Wasserman and Malkoff, in 1899, produced fever and multiple arthritis in eighty rabbits with a similar micro-organism, obtained from a fatal case of rheumatism. Paine and the writer, in 1900, published an independent investigation, in which they had isolated this diplococcus from eight successive cases of acute rheumatism, and had shown its presence in the most important human lesions; they had produced these various lesions in rabbits, and had isolated the diplococcus from the animal tissues. Since that date they have increased the number of cases from eight to thirty-five, with only occasional failures.

"The results of experiment are, on the whole, remarkably constant, and the reader cannot lose sight of the fact that a micro-organism which is present in the lesions of acute rheumatism is capable of re-producing similar lesions in animals. Vernon-Shaw, in 1903, demonstrated that monkeys were susceptible to the infection with a culture obtained by the writer from rheumatic pericarditis immediately after death.

Some discussion has arisen over the name that should be given to it, but there seems no good reason for altering the name that Paine and the writer originally gave to it in 1901,—the "diplococcus rheumaticus" for it will be found in the majority of instances as a diplococcus, rather than a streptococcus, and it is a cause of rheumatic fever. If a descriptive name is needed, the "diplococcus rheumaticus" is the most accurate; if a family name is required, then "streptococcus rheumaticus."

The close association of endocarditis with rheumatic arthritis, chorea and tonsilitis has long lead clinicians to believe that they are of similar origin, but the investigations of Poynton, Paine and others apparently lead us a little nearer the truth.

The tonsil, as is the case in all cases of rheumatic fever, seems to be the chief source of infection in rheumatic endocarditis, and beneficial results follow the removal of these structures in persons

subject to recurring attacks of endocarditis, and, as a prophylactic measure, the importance of their removal cannot be overestimated. A tonsilitis should never be treated as a trifling affection. A slight lesion may be carelessly overlooked, or there may be only a reddening and slight swelling of the fauces, but many of the obscure febrile attacks in children are due to these mild cases of tonsilitis, and in them we find the cause of many an attack of endocarditis and subsequent valve lesion.

Endocarditis is so often associated with rheumatic arthritis that it is recognized as its most frequent and serious complication. Fully 60% of the cases in children and 30% in adults show valve infection. In children, the inflammation of the valves may be the chief manifestation, the arthritis being so slight as to be disregarded or overlooked. Hence, the importance of physicians examining the joints and tonsils with the greatest care in every febrile attack of children.

The poison in Sydenham's chorea has a singular predilection for the valves of the heart. This fact, with the frequency of its association with attacks of tonsilitis and arthritis, leads to the belief that it belongs to the class of rheumatic infections. Fifty per cent of cases of chorea show valvular lesions. I will pass over the symptoms and diagnosis of this disease, and conclude with a few remarks upon its treatment. The prophylactic treatment is probably the most important, since we have so little of real value at our disposal in the direct treatment.

Much has been done by the thorough removal of the tonsils and adenoids, cleaning up the teeth and the alimentary tract. All skin infections should be treated carefully and systematically. We should be on the alert in every case of arthritis or obscure fever, strictly enjoining absolute rest in bed, and in arthritis push the salicylates.

Often in recurring cases of tonsilitis we find a cause in bad hygiene and ventilation. I have in mind a frequently recurring case of tonsilitis in a child in which the tonsils were not large and there were no adenoids, but a member of the family had a constantly discharging sinus of which he was not very cleanly. I induced the parents to make a change, since which time—four years—there has been no recurrence of the tonsilitis.

As a matter of direct treatment, it is improbable that we have any drug that is capable of influencing directly the vegetative growths, the proliferative changes, or the ulcerative processes. Protracted and absolute rest favors restitution and hinders the destructive changes by lessening the strain and pressure on the valves.

By rest in bed a relative condition of rest is attained by lessening the heart beats one third. Iodide of potassium is recommended by all authors for its supposed influence over vascular metabolism. It is my belief that its action is due to the inhibitive power the iodine has on the activity of the infecting organisms. For the same reason the salicylates and other antiseptic remedies have some influence.

G. A. Gibson believes that in serum therapy we have a direct means of meeting the disease, but he acknowledges that the whole subject is, as yet, in the experimental stage. The antistreptococcus serums have not proven successful. The ideal method would be to make a blood culture, determine the exact infecting agent, and then prepare and use the proper vaccine; but these things have not yet been worked out, and until they have been, we have to acknowledge that we have no agent that directly influences the process in acute endocarditis.

The ice bag gives marked relief in many cases, and seems, in some degree to influence the disease processes. Hot fomentations are better borne in some cases; they are equally efficient and are not as liable to depress the patient. Opium should not be forgotten. It is one of our most useful agents. It relieves the pain and the distressing dyspnoea, and gives the patient much needed rest. Its proper use is harmless.

Signs of cardiac failure must be watched for. Free stimulation and the use of cardiac tonics should be adopted, if there be any waning of the heart sounds or arterial pressure. Strychnine hypodermatically gives quick and efficient stimulation. Iron, quinine and arsenic have their place. Digitalis is not useful in the heart failure of endocarditis. In most cases it is actually harmful. Camphor may have a place, but its employment must be begun early as its action is extremely slow.

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For Chronic Atonic Constipation.—Gaut prescribes a pill of the following composition in the treatment of chronic atonic constipation:

R̄ Purified ox bile,.....gr. i;
 Extract of colocynth,.....gr. ii;
 Extract of hyoscyamus,.....gr. ii;
 Extract of nux vomica,.....gr. ii.

M Ft. pil. No. 1.

Sig.: One pill at bedtime.

—N. Y. Medical Journal.

THE JOURNAL OF THE Kansas Medical Society.

JAMES W. MAY, - - - - - EDITOR.

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

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The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1909, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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EDITORIAL

Success means the realization of the value of every passing moment.

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Robert Koch whose contributions to bacteriology will stand as a monument for all time to come died recently at the age of 66 years. His life devoted to medical science and whose discovery of the tubercle bacillus and the cholera spirillum either of which is a contribution anyone could be justly proud of as a life work, have been supplemented by many investigations of incalculable value to the human race.

His abrupt death terminates the career of a scholar, investigator and scientist whom the world can ill afford to spare.

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The A. M. A., Meeting.—The A. M. A. Meeting at St. Louis was a success in every particular. The attendance while not up to the mark established by Chicago in 1908 was nevertheless very gratifying—more than 4000 registered in attendance—Kansas was well represented, a list of whom appears in another column.

The entertainment was varied and constant, there being no idle moments or when the "nothing doing" sign was up.

They consisted of a reception to the president Dr. Welch, followed by a dance, a night at Forest Park, when everything in the park including the vaudeville show, and cafe were had without

the asking. Nearly all the sections had dinners tendered by the committee (of St. Louis), and also as usual a large number of alumni were banqueted. There was also a boat trip down the river, balloon race, etc.

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Nearly all of the sections had special features. The section on dermatology had twelve cases of pellagra—2 from Nevada, Mo., brought by Dr. Lampson of State Asylum No. 3, and 10 cases from Peoria, Ill., brought by Dr. Zeller, superintendent of the State Asylum. The cases were said to be highly interesting. The section on Otology, Rhinology and Laryngology had two interesting symposia one on Labrinthine diseases and another on the Tonsils. Prof. Holger Mygind of Copenhagen, was guest of honor and delivered two addresses on "In Memoriam; Wilhelm Meyer" and "The Surgical Treatment of Otitic Meningitis." Mr. J. Herbert Parsons of London, England, delivered an address in the ophthalmological section upon "The Effects of Bright Light upon the Eyes." Alfred Saenger of Hamburg, Germany, delivered an address upon "Choked Disc in Its Relation to Cerebral Tumor and Trepaning." The other guests of the Society were J. W. Gunn and Jasper Halpenny, Winnipeg, Manitoba, A. Primrose, Toronto, Ont; Sidney Ulfelder, Mexico City, Mexico; Byrd Charles Willis, Richmond, Va; S. Libreseu, St. Louis; P. Fiaschi, Sidney, Australia and W. A. Young, Toronto, Ontario.

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The commercial and scientific exhibits were held at the Coliseum. One of the most interesting features of the scientific section was the remarkable historical exhibit of the St. Louis Medical History Club. In this exhibit were medical history items such as medical medals, old works on anatomy and surgery, works on medical biography, old medical diplomas, curios, oil and engraved portraits of deceased medical men, instruments and sick room applicances of ancient designs. The exhibit reflected great credit on the organization of the St. Louis Medical History Club.

The society will meet next year at Los Angeles, Calif. The society elected for President, John B. Murphy, Chicago.

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NEWS NOTES

Bethany Hospital in Kansas City, Kansas will soon break ground for a new hospital costing \$160,000.

The honorary degree of L. L. D., was conferred on Dr. S. Weir, Mitchell by Jefferson Medical College, at the annual commencement exercises, June 6.

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A Practically Unlimited Sum for the Fight Against Tuberculosis has been offered to the National Association for the Study and Prevention of Tuberculosis by Waldorf Astor, a son of William Waldorf Astor.

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Dr. J. A. Egan, in a recent report, noted the constant increase in deaths from cancer. According to his statistics, cancer causes one twelfth of all deaths after the age of 30 years.—Illinois Medical Journal.

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Dr. and Mrs. Crawford of Salina, will spend the summer in Europe. They will sail from New York June 29th, on the steamer Blucher of the Hamburg-American line for England where the doctor expects to spend most of his time in the principal clinics.

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A bequest of \$10,000 to St. Margaret's Hospital, Kansas City, Kansas, was included in the will of Thomas J. Collins, who died recently in Harris, Kansas. The money is to be used for the maintenance of free beds in the hospital.

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Improper Medical Advertisements.—A bill has been introduced into the Ohio Legislature which should it become a law, will prohibit advertisements in newspapers for the treatment of any venereal or menstrual disease.—Journal Penn. Med. Association.

It is to be hoped that other states will follow suit or go them one better by making it a felony to advertise nostrums containing narcotics.—Ed.

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“If we had, through the misfortunes of war, or the sudden rise of pestilence, or through some awful calamity, the destruction of life that annually takes place on account of the spread of this disease (tuberculosis), we should be appalled and mass meetings would be held in every community and demand would be made that the most urgent measures should be adopted. It is only because we are accustomed to this waste of life and are prone to think that it is one of the dispensations of Providence that we go on about our business, little thinking of the preventive measures that are possible.”—Charles E. Hughes, in Bulletin Indiana State Board of Health.

Dr. O. D. Walker of Salina will spend the month of June in New York doing post-graduate work in general surgery in the New York Post-graduate School.

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Dr. Geo. H. Hoxie who lately resigned as Dean of the Clinical Department of the University of Kansas is the author of a book entitled "Symptomatic and Regional Therapeutics" which is being published by D. Appleton & Co., New York City.

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Owing to the enormous price of radium, nearly \$5,000 a grain, a bank is being established in London for the purpose of loaning radium to physicians wishing the use of it for treatment for operations, at the rate of about \$100 a day for a grain.—St. Louis Medical Review.

Is it worth the price? Echo answereth "NIT."

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An Honorary Degree for Dr. W. J. Mayo.—The honorary degree of doctor of science was conferred upon Dr. William J. Mayo, of Rochester, Minn., by Columbia University, at the annual commencement exercises held on June 1st. In conferring the degree the president of the university spoke in glowing terms of the services which Dr. Mayo had rendered to his profession and to humanity. His popularity was attested by tumultuous applause when he rose to receive the degree.—N. Y. Medical Journal.

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The Ladies Home Journal expresses the hope, in its April issue, that we shall have a sane Fourth of July. Last year, it says, there were 215 children killed; 171 lost one or more fingers; 41 a leg, an arm, or a hand, 36 one eye, 16 both eyes, making a total of 93 maimed or disfigured. Contrary to the delightful opinion held of the medical profession by certain individuals, this form of vivisection has no charms for even our most enthusiastic experimenters.—N. Y. Medical Journal.

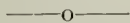
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In order to show that spitting on the sidewalks is dangerous to health, an investigation has been made by Dr. John Robertson, medical health officer of Birmingham, England, which shows that seven per cent of the "spits" collected in public places contained consumption germs. On the other hand the dust collected from the floors of the cottages of the Adirondack Cottage Sanitarium has been found to be free of tuberculosis germs, showing that a careful consumptive is not dangerous.—Bulletin Kansas Board of Health.

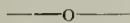
In the annual reorganization of the Kansas Board of Medical Registration and Examination, held in Kansas City, Kas., recently, Dr. H. A. Dykes of Lebanon, Kas., who has been president of the board the last year, was elected secretary to succeed Dr. F. P. Hatfield, the retiring member of the board.

The office of secretary is the only salaried position on the board. Doctor Dykes will prosecute persons attempting to practice in Kansas without a state license.

Dr. A. S. Rose of Sabetha, Kas., a new member was, made president.

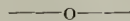


The Annual Fourth of July Killing.—It may surprise many a citizen to know that a very rational and earnest movement against the use of fire-works on Independence Day is now in its seventh year; nor is it universally realized among us how many of our children have, by reason of these yearly celebrations, suffered the most cruel death known to medical science. Were any such emotion possible in the English breast, that of satisfaction for the losses and humiliations endured by England in the war for Independence,—at least so far as human life is concerned,—could hardly be more thoroughly justified; for, taking no account whatever of our national losses of many decades past, but only of those incurred in the last three yearly celebrations and in the metropolis alone, we find that 1339 have been killed and injured,—more than the casualties in the Revolutionary battles of Lexington, Bunker Hill, Fort Moultrie, White Plains, Fort Washington, Monmouth, and Cowpens combined. Nor have these losses been among fighting men, but rather among the little children; and of the latter wounded on Independence Day many that have not died have nevertheless been dreadfully maimed and disfigured for life.—From "Independence Day.—The Modern Moloch," by John B. Hubei, M. D., in the American Review of Reviews for June.

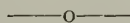


TOPEKA NEWS NOTES.

Dr. W. D. Storrs has returned from a visit to the Mayo clinics at Rochester, Minn.,



Dr. J. B. Tower will remove to southern Florida about the first of July to reside permanently.



Dr. M. R. Mitchell is in Kit Carson County Colorado improving a claim he entered there some time ago.

Dr. Wm. F. Brown has returned from a several weeks attendance at the New York and Philadelphia Clinics.

Among those from Topeka who attended the St. Louis meeting were Drs. W. S. Lindsay, Dr. D. E. Esterly, L. H. Munn and J. C. McClintock.

The Kansas Medical College graduated a Class of twelve at its recent commencement. All of whom have since passed the State Board with satisfying grades.

The new Dispensary for the Kansas Medical College is now completed and will be in use hereafter. It occupies the first floor of the College building, and is very complete in its appointments.

Dr. W. E. McVey has been re-elected Dean of the Kansas Medical College for the ensuing year. He was also elected secretary to succeed Dr. J. B. Tower who is removing to Florida. The consolidation of the two offices is in the interest of convenience, and for the unification of the methods hitherto employed in carrying on the business of the school.

The Shawnee County Medical Society held its regular monthly meeting June 5th. The leading paper was by Dr. J. P. Kaster on Un-united Fractures. The society will hold its regular meetings throughout the summer without interruption. Dr. Herbert L. Clark was elected to act as secretary during the absence of Dr. Conner.

Dr. Milton Connor who sustained a compound fracture of right leg several weeks ago and has been confined in Stormont Hospital since, is now out on crutches but will be unable to resume his practice for some weeks yet. Dr. Conner has recently been elected Professor of Pathology in the Kansas Medical College and Superintendent of the Dispensary.

NOTES OF THE A. M. A. MEETING.

The American Medical Editors Association met on Saturday and Monday. Many papers were read after which a banquet was held. At the banquet Colonel Gorgas, Dr. W. W. Welch and Surgeon General Wyman spoke.

Kansas was represented in the House of Delegates by Drs. L. I. Uhls and C. C. Goddard.

Dr. Wm. H. Welch the president delivered his address Tuesday noon at the general session.

The attendance was a little over 4000 which number has only been exceeded twice, viz., Chicago and Boston.

The American Gastro-Enterological Association met on Saturday and Monday. Walter B. Cannon of Boston was elected president.

Charles H. Mayo of Rochester, Minn., delivered the chairman's address in the Surgical section. His subject was "Prophylaxis of Cancer.

The National Federation of State Medical Examining and Licensing Boards met on Saturday. Joseph C. Guensay of Chicago, was elected president.

The American Academy of Medicine met on Saturday and Monday. A large part of the program was given over to a symposium on social diseases.

The American Association of Medical Examiners held its annual meeting Saturday and Monday. Dr. Thomns A. Stevens of Caney, Kansas was elected treasurer.

There were 106 registered from Kansas which is a pretty fair showing. However, in looking over the list of the absentees it seems that business must have been terribly pressing at home on June 6 to 10th for quite a number.

A new association was formed called the American Federation of Sex Hygiene, whose purpose will be to take measures to educate the public in sex hygiene and such other measures as seem desirable for the prevention of infection.

The general opening meeting of the Sixty-First Annual Session of the American Medical Association was held at the Odeon Theater, Tuesday, June 7, 1910, at 10:30 a. m. The meeting was called to order by President William C. Gorgas, of Panama.

At the banquet of the section on Nervous and Mental diseases Tuesday night, Dr. Alfred Saenger of Hamburg, Germany, spoke of the marvellous progress of medicine in the United States since his last visit to this country 20 years ago

Dr. Chas. H. Simmons was unanimously re-elected secretary of the Association and editor of the Journal. In view of the fact that a fight has been waged upon Dr. Simmons for the past two or three years it must be apparent that his services are appreciated at least by the House of Delegates who ought to know the value of such services rendered.

Herbert S. Hadley, Governor of Missouri, delivered an address of welcome and to express it mildly he was heartily received. He pledged himself to help in every possible way to the furtherance of good medical legislation. It always takes some one from Missouri to stir things up as did Governor Hadley who is a product of Kansas the "best state in the union."

The American Academy of Medicine at the close of its three days' session at the Jefferson Hotel, Monday night, elected the following officers for 1910 and 1911: President, Dr. C. S. Sheldon of Madison, Wis.; first vice president, Dr. H. B. Hemenway of Evansville, Ill; second vice president, Dr. Cyrus L. Stevens, Athens, Ga; third vice president, Dr. Adolph Alt, St. Louis; fourth vice president, Dr. Phillip Mills Jones, San Francisco; secretary and treasurer, Dr. Chas. McIntire, Easton, Pa., and assistant secretary, Dr. A. R. Craig of Philadelphia. The convention closed with a banquet.

The sections of the A. M. A. elected for 1910-11 the following chairmen: Practice of Medicine, Allen Arthur Jones, Buffalo; Obstetrics and Diseases of Women, Horace G. Wetherill, Denver; Surgery, George W. Crile, Cleveland; Ophthalmology, Albert E. Bulson, Jr., Ft. Wayne, Ind; Laryngology and Otology, Roy Dunbar, Atlanta, Ga; Nervous and Mental Diseases, W. A. Jones, Minneapolis; Preventive Medicine and Public Health, W. A. Evans, Chicago; Stomatology, S. L. McCurdy, Pittsburg, Pa; Diseases of Children, S. M. Hamill, Philadelphia; Dermatology, James C. White, Boston; Pharmacology and Therapeutics, Lawrence Litchfield, Pittsburg, Pa; Pathology and Physiology, Yandell Henderson, New Haven Conn; Genito-Urinary Diseases, W. T. Belfield, Chicago

The American Association of Medical Examiners, which was in session at the Planters' for two days, closed with an election of officers. Dr. Liston H. Montgomery, Chicago, was elected president. The four vice presidents are: Dr. W. Edward Grant of Louisville, Ky; Dr. W. T. Tilley of Muskogee, Ok; Dr. J. T. Priestley of Des Moines, Ia., and Dr. C. T. Cutting of Seattle, Wash. Dr. A. E. Cox, Helena, Ark. was elected secretary and Dr. F. A. Stephens of Kansas, treasurer.

Resolutions were adopted by the association favoring the principles of the Robert Owen bill now before Congress. The association also indorsed the movement to place a scientist at the head of the Federal Health Department contemplated in a bill before Congress.

Dr. Alfred Saenger, a celebrated neurologist of Hamburg, who is in St. Louis attending the American Medical Association Convention, told the members of the nervous and mental diseases section at its banquet, that the progress made by America in the last twenty years in medicine and hygiene was the talk of Germany and was most marvelous.

"I was in America just twenty years ago," said Dr. Saenger, "and at that time I was not impressed with the medical situation. To-day I return and find a most wonderful change for the better. I have read all about this advancement from time to time, but had no idea of the reality. I have come all the way from New York to St. Louis and I find excellent conditions existing everywhere."

Dr. Saenger is a graduate of the University of Berlin and is at present chief of staff of St. George's Hospital in Hamburg. He has traveled extensively and has made studies of insanity and nervous diseases in almost every civilized country. He has been a physician for over thirty years and has written much on the subject of insanity.

Speaking of America apart from the medical side, Dr. Saenger said that the United States was far ahead of Germany in railroads and in every modern comfort. He said that if he could be would like to live in America.—St. Louis Globe-Democrat.

The following doctors registered from Kansas at the A. M. A. meeting: N. Aikman, Ft. Scott; C. D. Blake, Ellis; A. H. Breasler, Nickerson; H. H. Brookhart, Scammon; T. H. Hale, Fall River; A. G. Henderson, Leonardville; C. H. Koentz, Onaga; R. W. Moore, Arcadia; Sarah A. Noble, Clearwater; E. Schuman, Cleburne; Marion Trueheart, Sterling; G. A. Tull, Clay Center; L. L. Uhls,

Osawatomie; L. P. Warren, Wichita; G. A. Warren, Black Rock; S. G. Zinke, Leavenworth; Jessie Newkirk, Kansas City; E. E. Anderson, Garland; D. W. Basham, Wichita; E. J. Beckner, Selden; W. N. Bispham, Ft. Leavenworth; C. E. Bowers, Wichita; J. W. Bolton, Iola; C. Brady, Parsons; J. W. Cave, Wichita; N. L. Chambers, Lawrence; Athol Cochran, Iuka; W. R. Dillingham, Morland; J. G. Dorsey, Wichita; R. E. Eagan, Springhill; Andrew Engburg, McPherson; D. E. Esterly, Topeka; C. D. Forney, Wichita; J. A. Fuller, Lane; C. C. Goddard, Leavenworth; W. S. Gooch, Mapleton; D. E. Green, W. T. Grove, Eureka; J. F. Gsell, Wichita; F. J. Haas, Leavenworth; W. A. Haynes, Sabetha; Emma L. Hill, Oswego; J. Jeurink, Prairie view; Arch D. Jones, Wichita; C. Leslie, Meade; G. P. Marner, Marion; J. W. May, Kansas City; J. H. McGahey, White Cloud; G. Meyer, Lincolnville; N. C. Morrow, Altanrout; R. J. Morton, Green; D. T. Muir, Alden; L. H. Munn, Topeka; S. Murdock, Jr., Sabetha; Henry A. Nave, Argentine; Schuyler Nichols, Herington; J. E. Oldham, Wichita; A. Pihlblad, Lindsborg; W. H. Rees, Pleasanton; C. T. Reid, Carona; J. D. Riddell, Enterprise; J. W. Risdon, Leavenworth; H. R. Ross, Sterling; H. R. St. John, Alton; J. F. Sawtell, Kansas City; L. W. Shannon, Hiawatha; H. J. Sloss, Meade; G. S. Smith, Liberal; L. T. Smith, Newton; R. C. Smith, Marion; J. T. Axtell, Newton; R. M. Bennett, Mound Valley; H. H. Bogie, Pittsburg; H. L. Clarke, LaCygne; W. F. Coon, Caney; J. L. Evans, Wichita; R. C. Gardner, R. S. Fillmore, Blue Rapids; K. B. Ford, Wichita; M. A. Gardner, Greenleaf; O. L. Garlinghouse, Iola; C. M. Gibson, Franklin; M. A. Greene, Kansas City; J. W. Ketchersid, Hope; S. C. Pigman, Concordia; W. S. Lindsay, Topeka; R. S. Magee, Topeka; T. L. McCarty, Dodge City; J. C. McClintock, Topeka; G. W. Maser, Parsons; M. L. Perry, Parsons; G. K. Purves, Wichita; W. Reding, Lawrence; C. W. Reynolds, Holton; W. F. Sawhill, Concordia; L. W. Shannon, Hiawatha; Albert Smith, Parsons; S. J. Snider, Courtland; J. C. Wilhoit, Manhattan; N. C. Speer, Osawatomie; S. Steelsmith, Abilene; Chas. Stein, Glasco; C. L. Stocks, Bushong; S. H. Thompson, Kansas City; F. S. Williams, Wichita; C. L. Zugg, Kansas City.

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SOCIETY NOTES.

Program of the Clay County Medical Society at Clay Center June 8, 1910. Paper, "The Treatment of Hydrophobia", Dr. Alexander B. Jeffrey, Topeka. Paper, Dr. C. M. Stemen, Kansas City.

The Wyandotte County Medical Society has adjourned for the summer to meet again the first tuesday in October.

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Sixth International Congress of Esperantists.—This congress will meet next August at Washington, D. C. Dr. Zamenhof, the founder of Esperanto, and a prominent oculist of Warsaw, Poland, will attend. The American members of the World Esperanto Medical Society will doubtless be present in force, as an effort will be made to organize an American branch of the society. Further particulars may be obtained from Dr. Kenneth W. Millican, 231 Metropolitan Building, St. Louis.

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SOME REMINISCENCES.

J. E. MINNEY, M. D.

I began the study of medicine almost forty years ago—a generation. It was the beginning of the end of the laudable pus period. Listerism was just coming into practice, and Dr. Halley, of Kansas City, will recall my holding the carbolyzed spray on the wound when he operated and the spray wetting him like fine rain. Later, other antiseptics took the place of the carbolic acid spray, with many deaths resulting from the strong antiseptics. Later, and best of all, asepsis was advocated and is now almost universally practiced. During the Civil War, maggots were relied upon to cleanse old suppurating stinking wounds. At any rate, I heard an old army surgeon in a medical society say that he used them and got good results.—?—?—?—?

It was the beginning of small dosage. One tenth grain of calomel was surreptitiously used by some physicians in regular medicine. Although by the dyed in the wood Regular it was considered the unpardonable sin. One of the oldest and brainiest and best posted physicians now living in Topeka, Kansas, told me that when he began the practice of medicine he carried a teaspoon to dish out the calomel with and a teaspoonful was the dose. He is a minimizer to-day, and no physician gives smaller doses than he does, and no one gets better results. Smaller doses and less medicine would save more lives yet.

It was the beginning of the esthetic and cosmetic age of medicine, as well as the gustatory. Pharmaceutical houses began to vie with each other in putting up medicine in form to look pretty, to be accurate in dosage, and to be takeable or palatable. The medical profession, as well as the laity, is under great obligations to the honorable chemical pharmacist.

The medical profession was handicapped in those days, as well as in the present day, by its environments. The doctor then, as now, was the victim of circumstances. He was not and is not now a free moral agent. He could not do as his judgment dictated and hold his practice. He had to deceive his patient! We called it deception or committing a moral wrong (lying), that physical good might result. We are glad that, while the necessity for such practice remains, the late generation of physicians do not have to lie or deceive, but practice suggestive therapeutics; the patient gets well, and the doctor is freed from a multitude of sins.

Although the dawn of the medical morning was beginning to light up the practice of medicine and surgery, we did not fully appreciate that fresh air, sunlight, water, earth and fire were the greatest conservators of health and life. The worth of the elements is more fully realized by this generation of physicians, and more generally enforced with gratifying results.

Dietetics, especially in continued fevers, was starvation. Although purging and blood-letting was on the wane. Someone may think that these few reminiscences being true, the former generation of physicians, or the medical profession as a whole, did not know much medicine forty years ago. That is true so far as conserving health and prolonging life was concerned; but it was all that was known, and it is the foundation upon which the profession of the present had to build.

The advance made by the medical profession in this generation has been by elimination and prevention. By elimination is meant giving none or less medicine and letting their patients have a chance to get well. By prevention is meant to avoid the source or causes of disease by keeping away from or conforming our lives to the laws of our physical and mental existence. Bathing in the sunshine, washing our bodies in clean water, breathing fresh air, destroying by fire all soiled clothing, wrappings or receptacles that cannot otherwise be rendered aseptic, and digging a little in mother earth, that we may get a scent of fresh earth from which our bodies came—the original elements. In doing so, we conform more nearly to what we are, we give Nature a chance, and our physical condition being normal our mental faculties are at their best.

If I were to begin the study of medicine again, I would let physic be the last study. I would study the laws of my physical and mental existence, and by so doing learn how to live, and thus be ready and qualified to teach and treat others—my patients. Selah!

COMMUNICATIONS.

Abilene, Kansas, 5-30-'10

To the Editor of "The Journal," Kansas City, Kansas.

Dear Sir:—

In the May number of "The Journal" I notice a letter from Dr. K. B. Ford of Wichita, reporting a case of hookworm disease occurring in his practice as being, as he believes, the first case of Uncinariasis reported in this state.

At the 15th anniversary of the Golden Belt Medical Society, held in Abilene April 7th 1904, the late Dr. F. B. LaFevre of this city read a valuable paper on this subject and reported a marked case occurring in a tramp who had been working in the gumbo pit of the U. P. R. R. west of Solomon. Among those who discussed the paper were two army surgeons stationed at Fort Riley who had treated such cases in the Philippines.

Respectfully,

EDW. E. HAZLETT.

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Obituary.

Henry Lisle, M. D. Medical College of Ohio, Cincinnati; who retired from practice in 1874; died at his home in Chetopa, Kan., March 1, from senile debility, aged 89.

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Isaac H. Dix, M. D., Cleveland University of Medicine and Surgery, 1869; of Pratt, Kan; died at the home of his daughter in Salina, Kans., March 20, from influenza, aged 63.

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W. H. Blankinship, M. D. Western Eclectic Medical College of Medicine and Surgery, Kansas City, Kan., 1908; died at his home in Umpire, Kan., May 15, from pneumonia, aged 28.

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Arthur Steele Andrews, M. D., Eclectic Medical Institute, Cincinnati, 1875; formerly president of the Washington (Kan.) National Bank; died at his home in Topeka Kan., May 19, from nephritis, aged 59.

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CLINICAL NOTES

Hematuria from stone in the bladder is usually moderate and produced or increased by bodily movements, while persistent and profuse vesical hemorrhage, uninfluenced by physical exertion, points to the presence of tumor.—International Journal Surgery.

By constipating the patient, a high-seated rectal carcinoma may be pushed down within reach of the examining finger in the rectum. A small enema may balloon such a tumor within reach of abdominal palpation.—*American Journal Surgery*.

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Preparatory to, and following operations upon the brain or spinal cord hexamethylcnamene ("urotropin") should be administered in liberal doses; Crowe has shown that formaldehyde then appears in the cerebrospinal fluid, and thereby minimizes the danger of infection.

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The Pneumococcus in the Conjunctival Secretion in Pneumonia.—Crispolti, Policlínico, Rome, Fby' 27, found pneumococci in the conjunctival secretion in 40 out of 45 cases of pneumonia. They were numerous during the first five days but then became rarer and atypical forms predominated. In the 5 cases in which the conjunctival secretion contained no pneumococci, none was found in the sputum, and the pneumonia was probably due to some other germ, probably the influenza bacillus.—*Journal A. M. A.*

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Hegar's Sign of Pregnancy not Reliable.—De Bovis (Semaine Médicale, Paris, March 2), asserts that softening of the isthmus of the uterus cannot be regarded as pathognomonic of pregnancy as it has been encountered with a myomatous uterus. The softening may vary widely in intensity, extent and location. Hemorrhages should not be accepted as evidence for or against the presence of a myoma. In three cases in his experience the women had hemorrhages more or less continuously for one, three and five months and were then delivered of a dead or living foetus; no trace of a myoma could be discovered.—*Journal A. M. A.*

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Tampon for Nasal Hemorrhage.—M. D. Stevenson, Akron, Ohio (*Journal A. M. A.*, June 4), uses a tampon composed of compressed cotton modified from Simpson's tampon, three inches long by one-half inch wide by one-sixteenth thick, wrapped as in a cigarette with gutta percha tissue, the free edge being gummed down by some sterile ointment except at the ends. These smooth surfaced tampons are easily and usually painlessly removed, and he thinks they are much better than trusting to local medicinal applications in cases of postoperative hemorrhage. Sterile water or salt solution should be dropped at the ends to cause the tampon to swell and fill the passage. Two can be used side by side in very wide fossa and they can readily be narrowed by clipping.

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PRESENT STATUS OF POLIOMYELITIS ACUTA.

A. L. SKOOG, M. D.,

Assistant Professor of Neurology, University of Kansas, Kansas City.

Read before the Kansas Medical Society, May 6, 1910.

It is proposed in this paper to deal only with questions concerning the acute stage of poliomyelitis acuta. Time forbids us going into detail at any length with the many newer additions to our knowledge on the subject which have been made during the past few years. Some of these acquirements are of much importance, but more often only exposes a field inviting more work.

Quite a number of names have entered the scientific literature to designate the malady. Most of the earlier writings are found under the title, acute infantile paralysis or some similar term, all intending to signify that the malady belongs to the infant period of life. While bearing in mind that 80% occur between the ages of one and five, we occasionally have the opportunity of making a diagnosis in a person of mature years. I saw one case last fall in a woman age 45. A patient of Gombault's cited by Wickman, is the oldest case on record which has reached my knowledge. The patient, 67 years of age, died in the acute stages of the illness. An autopsy revealed the usual spinal cord lesions of acute poliomyelitis.

Heine who has given us the first description of the disease and differentiated it from other paralysis in children, used the title, "Infantile Spinal Paralysis" (*Spinale Kinderlahmung*. I Auflage 1840, 11 Auflage 1860, Stuttgart.)

Heine-Medin disease, introduced in recent years by Ivar Wickman should not be employed although it is a deserving compliment to the two ardent workers. Wickman's first work of 1905 is entitled "Poliomyelitis Acuta." The second, an exten-

sive monograph appearing in 1709, bears the title, "Heine-Medinsche Krankneit." This is the best and most complete monograph upon the subject.

The title at the head of this paper is concise, and implies something of the pathology.

There are no very startling advances to be given you regarding the symptomatology or diagnosis. Pain is a most important symptom and incompletely considered in text books. It is meningeal in origin, is referred especially along the spinal column, and may be of a type sufficiently severe to cause the observer to think of meningitis. I have seen cases where there was much rigidity along the vertebræ with the head retraction. There may be a tendency to or a mild Kernig's sign present. In this connection we should bear in mind the pathology, the meningeal involvement which is present in a mild degree in most of the cases during the early period of illness. Possibly this holds true for a larger percentage of the cases in epidemics. The inflammatory process may extend to the meningeal projections along the nerve roots and to the intervertebral dorsal ganglia.

Symptoms from the afferent tracts may exist in more cases than reported. I have observed during the past year two cases with marked sensory disturbances. One patient, a girl aged 5, with both legs involved in a severe motor paralysis, had much anesthesia, analgesia, impaired temperature sense and loss of sense of position in the lower extremities. These sensory phenomena disappeared in about one week. Cerebral symptoms occur not infrequently. Irritability and unusual peevishness are present in most of the children. Much cerebral involvement may cause delirium or stupor which complicates the clinical picture. Many of the cases coming to an autopsy show some mild pathologic changes in the meninges of the encephalon and in the cerebrum.

The cerebro-spinal fluid can be of much assistance for a differential diagnosis in some instances. There is usually a mild increase in the lymphocytes, never polymorphonuclears. An examination of a stained field using a centrifuged sedimentation has given a count of 5 to 60 per field employing a 1-6 objective and 1 inch ocular on the microscope. The fluid was always clear.

Most of the errors in diagnosis relate to a differentiation from meningitis, multiple neuritis, and Landry's paralysis. It is not improbable that there exist cases of acute neuritis caused by the same virus with little or no motor paralysis.

I believe that Landry's paralysis is caused by the same or a

closely related virus. If this can be proven the disease would lose its entity in neurological nosology.

There is some belief that lyssa might belong to the same group, a theory which is supported by pathologic similarities.

If any one has an established belief that the lesions are of the motor anterior horn cells of the spinal cord alone or even confined to the anterior horn gray substance, such should be divorced immediately from his memory. It is a much more diffuse inflammatory process of the central nervous system with a higher degree of pathologic changes centered in the anterior horns as a rule, and especially prone to cause degeneration and destruction of the large motor cells in one or more segments of the cord or corresponding cranial nerve centers in the encephalon, unilateral or bilateral. The infiltration specially favors the region supplied by the arteria commissuralis anterior. Pathological specimens often show a great amount of infiltration of the posterior horns. The white substance is involved in a lesser degree, but again the infiltration has a decided preference for the vessels and perivascular lymph spaces. Some lymphocytic invasion of the inner meninges is frequently observed. I have one specimen in which Clark's column of cells have been destroyed almost completely on one side and remain fairly well preserved on the other. The affected side shows much the greater amount of round cells and fatty granular cell infiltration. The cranial nerve nuclei in the medulla, pons and mesencephalon are not infrequently attacked.

The obscurity of a generation ago concerning the conception of the etiology of the disease has been relieved in a measure by the results of recent experimentation. The toxic theory has lost ground.

We now come to a consideration of the parasitic theory. In view of the rapid advances in bacteriology since the days of Pasteur, it is not surprising that 20 years ago scientists should have thought of some micro-organism as being the etiological factor.

Geirswold has cultivated a diplococcus or tetracoccus, not quite like the meningococcus from several cases of poliomyelitis acute terminating in death. Harbitz and others have described bacteria which they declared to be the cause. All were probably contaminations which can readily occur. Their conclusions have never been accepted by the scientific world.

The most notable advance has been the successful inoculation of monkeys. Many other animals used have always given negative results. The first work of this kind was successfully accomplished by Landsteiner and Popper at Vienna in November 1908, (*Zeitschrift für Immunitätsforschung u. Experimentelle Therapie*,

25-V-1909, Band II, Heft 4) They inoculated, by injecting intraperitoneally with material extracted from the spinal cord of a child dying from poliomyelitis acuta during the early acute period a cynocephalus hamadryas and a macacus rhesus. The first named monkey became ill on the 6th day following the inoculation and died on the 8th day. The latter became ill later and died on the 19th day. Both monkeys showed the same typical lesions as found in man. Attempted inoculations of other animals were unsuccessful.

Flexner and Lewis began some experiments during the past summer which gave some important returns, many of which have been reported in several issues of the Journal of the American Medical Association for the past seven months. These workers were the first to successfully infect one monkey from another. They have carried the virus down through a long series of monkeys, the original being obtained from the cord of two autopsied cases. Many of the inoculations were made directly into the brain. The virus passes through a Berkefeld filter, withstands glycerination, freezing and dessication. The virus was demonstrated in the mesenteric glands of one monkey. One inoculation was made by rubbing the virus into the naso-pharyngeal mucosa. The infectious material has been demonstrated as existing in the secretions of the nasal mucosa.

Knopfmacher, and Leiner and Wiesner have performed successful inoculations on monkeys. Levaditi and Landsteiner have demonstrated the virus in the salivary glands.

Flexner has described poliomyelitis in dogs and chickens but was unable to transmit it to monkeys. It might be only a related disease. A chicken and a cat have been sent to our laboratory thought to be cases of poliomyelitis. Cord defects in both were found but not poliomyelitis acuta. It must be remembered that the virus of human poliomyelitis acuta has been transmitted to monkeys only with some difficulty and there have been failures.

No radical line of therapy has been placed before us for poliomyelitis acuta in the early febrile stage. The discovery of the exact etiological factor might aid in the search for a specific treatment. Even if we had this it could be applied to the patient who usually does not see the physician until the stage of paralysis is well established.

Absolute rest in bed is of great importance for most of cases during the early febrile period. Where much pain exists the affected members may be enveloped in a heavy cotton dressing and partially immobilized. The intestinal tract should be emp-

tied when required, but too often there has been an excess of laxative and other medications. Diaphoresis as employed by some physicians can do no harm. The salicylates may be given, preferably preparations from the true oil of wintergreen. Aspirin being more agreeable to take recommends itself for children. Hexamethlenamine in view of results obtained by animal experimentations where it is found freely in the cerebro-spinal fluid after given by mouth, invites a trial. I have tried the drug in a few cases but have come to no certain conclusions.

The therapeutic withdrawal of cerebro-spinal fluid by lumbar puncture may remove toxins from the lumbo-sacral cistern and relieve the plus pressure when existing. It is a safe procedure when properly performed. The amount removed should not exceed 5 to 15cc in young children. More than 10 cc should be replaced with a normal saline solution, the quantity depending upon the pressure of the fluid.

There is now some reason why we should take some steps towards diminishing the number of cases or eradicating the disease entirely. The inoculation of monkeys by several trustworthy investigators during the past 18 months, and many studies of epidemics indicate the necessity of some kind of preventative measures. All cases should be reported to the State Board of Health. The same precautions applied to the care of a case of typhoid fever may be utilized for the individual with poliomyelitis acuta until further knowledge of the spread and exact etiology of the disease is gained.

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TUBERCULOSIS OF THE KIDNEY.

STANLEY G. ZINKE, M. D., Leavenworth, Kansas.

Read before the Kansas State Medical Society, Topeka, Kansas, May 4, 1910.

MR. PRESIDENT AND MEMBERS OF THE KANSAS MEDICAL SOCIETY: I chose, as a subject for my paper, Tuberculosis of the Kidney, for the following reasons: the first and most important is the fact that this disease, being more common than is usually recognized, is frequently overlooked by the general practitioner; second, to impress upon you the importance of an early diagnosis; third, to ask you never to be satisfied, when a patient appears at your office, complaining of frequent and painful or harassing urination, to diagnose it as "cystitis". If a patient enters your office with a cough you do not make a snap diagnosis of a "cold" but you search for the cause of the cough and

treat this cause. Diagnosing painful micturition, etc., as a cystitis is no more justifiable than the diagnosis of a "cold" when the man has a cough. Another point of importance is its frequency in the female, and the tendency in these instances, on the part of the physician, to attribute the symptoms to some disturbance of the uterus, tubes or ovaries.

Tuberculosis of the kidney is seen more frequently in women than in men, (Walker gives two hundred four (204) females to one hundred eighty-two (182) males in three hundred eighty-six (386) cases; usually between the ages of twenty (20) and thirty (30) the average age being twenty-seven and sixty-six one-hundredths (27.66) years in a series of three hundred seventy-three (373) cases. In a series of two hundred sixteen (216) cases the right kidney was affected, in one hundred eleven (111), the left, in ninety-six (96), in nine (9), not stated. Trauma, exposure etc., may be predisposing factors. (Orth.)

Is this disease primary or secondary? It may be either. Tuberculosis infection of the kidney seldom occurs as the primary manifestation of the disease in the human body, being, as a rule, secondary to a focus of the infection elsewhere; in the majority of cases these lesions being situated either in the lungs or in the long, bones. That the disease may be primary has been clearly demonstrated. Kuster holds that it is always secondary, and explains the case in which no other foci have been found by the supposition that they have been small, have healed over, and are thus easily overlooked. Walker gives fifty-two (52) out of one hundred seventy-four (174) cases as being primary.

The avenue of invasion of the kidney is the blood current. The tubercle bacillus being picked up in some part of the body and taken up by the kidney for excretion when it reaches that part of the anatomy. That tubercle bacilli are present in the blood is shown by the very common occurrence of foci in bones, these being practically inaccessible in any other way than through the blood current.

Should the bacilli in the blood be numerous, the foci may be widely disseminated through the kidney and especially its cortex. This form is however not so common as that in which there are comparatively few. Often there may be but one focus.

When the bacilli are few they usually lodge in the capillaries between the tubules forming emboli which give rise to typical tubercles. The larger emboli often lodge in the medulla of the pyramids producing infarcts, which degenerate and form small cavities.

There are three essential pathologico-anatomical changes in renal tuberculosis. These are. (1) Foci of tuberculous deposit; (2) surrounding zones of inflammation and inflammatory exudation and (3) interstitial nephritis. Apart from this there is wide difference in size, number, distribution and character of the foci. There may be numerous small cheesy deposits or abscesses scattered through cortex or parenchyma of the kidney, or there may be a few large cheesy nodules at the bases of the pyramids. Again the nodules may be at or near the ends, or in the middle of the pyramids, or the lesion may consist of ulcers on the inner surface of the renal pelvis.

Zones of inflammation and exudation are found surrounding each tubercular area, deposits of connective tissue are found in the perirenal envelope, and a greater or less degree of interstitial nephritis is found in the immediate neighborhood.

The tubercular areas may become confluent and form large abscess cavities producing a sort of pseudo-pyonephrosis.

The characteristics mentioned are those seen when the infection is from above, so to speak. When the infection takes place from below the lesions are supposed to be on the apices of the pyramids and extend from there to the bases of the pyramids and to the cortex. Personally I do not believe that an ascending infection can take place except in rare cases, and then only by means of the lymph channels.

It has not been definitely decided whether the nephritis which frequently accompanies the tuberculous lesions is due to the bacilli or to their toxins. I am inclined to believe that it is due to the toxins.

The symptoms are both general and local. Marked symptoms of a systemic or general character may be conspicuous by their absence, even though the disease has existed for some time. As a rule, however, close questioning will reveal that there has been more or less malaise, some nervousness, irritability, sense of being flushed, a slight impairment of appetite, restlessness, or disturbance of sleep. Later these symptoms become more marked; there is loss of weight, afternoon rise of temperature, usually ranging from 101-102, though it may go to 103. Later prostration and uræmia may put in an appearance.

The first symptoms which usually impresses itself upon the patient's mind is the irritability of the bladder. As the disease progresses this increases until it may become a torturing tenesmus. Bear in mind that vesical irritability may be present without there being any lesion in the bladder, the irritability being

merely a symptom of the renal condition. The absence of the common etiological factors of cystitis, viz; gonorrhoea, prostatic hypertrophy, stricture, and the presence of an acid instead of an alkaline urine, plus the presence of either a tumor formation or local tenderness over the kidney, or kidneys, will indicate that there is some other cause for the symptoms and correct the impression that cystitis is the cause of the bladder symptoms.

The presence of pus in the urine is determined by the relation of the tubercular lesion to the renal calices or pelvis. If they are not present in these localities or do not communicate with them, pyuria will, as a rule, be absent. This is usually the case in the early stages of heamotogenous infection where the pyuria will either be absent or very slight. The mere presence of a tubercular focus in the kidney gives rise to no symptoms whatsoever. Should this focus burst into the pelvis of the kidney it is likely to cause a sharp, brief hemorrhage. It is usually after such an outbreak that the patient begins to suffer with the symptoms of cystitis.

The initial hæmaturia occurs in the greater proportion of cases, but is often overlooked either because it is not severe, or because it may last but a day or two and disappear spontaneously. It may recur at any time, is not severe as the hemorrhage of a renal neoplasm, and is not constantly associated with pain as in stone.

Renal colic may also manifest itself in certain cases, being due to the passing of blood-clots or caseous material through the ureter.

Diagnosis of tuberculosis of the kidney must cover the following points: (1) The presence of urinary tuberculosis; (2) The region of this tuberculosis (if in the prostate or kidney in the male); (3) If in the kidney, which kidney is involved; (4) If one kidney is involved what is the condition of its fellow. The means at hand are urinary signs, physical signs, tuberculin test, cystoscopy, ureteral catheterization, (if bladder is normal segregation will do).

Urinary Signs. Unless there are ammoniogenic cocci present the urine is always acid. Until mixed infection occurs, there is but little pyuria. A strong point in diagnosis is the presence of pus in an acid urine, plus the absence of bacteria. Red blood cells are almost constant where there is any ulceration.

The tubercle bacillus may or may not be found. Again it is essential that the smegma bacillus be excluded. In order to obtain urine free from contamination by the smegma bacillus, it is necessary to do more than just catheterize the patient. In all cases it is best to thoroughly cleanse the glands and meatus, and in

women the external genitalia. In the male the urethra should be thoroughly irrigated with a quart of boric acid solution and the patient instructed to void his urine in three glasses. The urine in the third glass is used for the examination. In women I usually insert an endoscope for a short distance into the urethra and swab out the anterior portion preliminary to catheterization. Even with these precautions there may be smegma bacilli present. There is however one characteristic upon which most genitourinary surgeons depend in making their diagnosis of the tubercle bacillus in the urine; the tendency of the tubercle bacilli to arrange themselves in groups, chains and "S" shapes. The smegma bacillus appears singly, as a rule. If you should confuse the two you need not be alarmed for this mistake is made by the best of pathologists.

Spontaneous pyuria without urethral retention is practically always due either to stone or tuberculosis, and care must be taken to eliminate one or the other. They may exist together.

Palpation may or may not be of value. The kidney may or may not be sensitive. If the kidney is palpable it is probably not tubercular. There may or may not be a tubercular lesion present with perinephritis. Some men have claimed that they have felt the thickened ureter through the abdominal wall, but as this has no diagnostic significance I will leave the mapping out of this pathological lesion to those whose sense of touch is more acute than mine.

It is well however, to examine the patient's body for scars of tubercular lymph nodes, or of former joint or bone disease; his lungs for evidences of tuberculosis, his heart for hypertrophy suggestive of toxic nephritis, the pulse for rapidity and his temperature for evening rise.

The tuberculin test should also be used. Personally I prefer the Moro test. This consists in rubbing in a 50% mixture of lanoline and tuberculine for five minutes after suitable asepsis of the skin. This test is preferably made on the chest. It may show reaction any time between thirty-six hours and six days. The site of inoculation should be protected by a sterile dressing. It is characterized by a general erythema of the area rubbed, with a thick outcrop of small papules which sometimes vesiculate.

The injection of tuberculin is too severe and has been little employed in urinary tuberculosis because of the possibility of excessive reactions which might induce an acute exacerbation of the kidney lesions. The Calmette reaction is too dangerous to the eye and the von Pirquet vaccination too uncertain.

The cystoscope is the mainstay in making a diagnosis. Cystoscopic examination may reveal tubercular lesions scattered over the bladder and indicate, by the location of the lesions, either about the bladder neck or ureter, whether the primary lesion is in the prostate or bladder. Nevertheless, though the kidney may be gravely diseased, the bladder may show no changes. The lesions characteristic of the tubercular ureter are, inflammation, ulceration, retraction and inactivity of the ureteral mouth.

The inflamed ureteral mouth may be œdematous, dilated or golf-holed. The lip and adjoining region may show round or irregular, shallow ulcerations with sloughing base and sharp red edges. The ulcer may be crater-like and the mouth of the ureter be lost in it. Again, there may be a small or stringy clot of blood attached to the opening. The ulcer may appear as a velvety granulating surface.

If a large portion of the ureter is thickened the canal may be shortened and the trigone dragged so much to one side, that the opening of the ureter on the sound side may be dragged over almost to the median line. The mouth of the ureter on the diseased side is also, as a rule somewhat sluggish in action and may, in some cases, become absolutely inactive.

Should the patient's condition warrant it, ureteral catheterization should always be included in making a diagnosis of nephritic tuberculosis. If only one kidney is to be catheterized it is best to do it on the sound side. If catheterization is impossible, segregation may be employed. Catheterism or segregation should always be performed before nephrectomy, and the phloridzin or indigo-carmin tests should also be employed. The tubercular kidney may be polyuric in the early stages of the disease but it is slow in elimination.

The prognosis of this disease depends upon the age of the patient, the nature of the lesion, and the presence of the disease in other localities. The nature of the lesion can not be determined unless the kidney is out. The younger the patient the more grave the outlook. If both kidneys are involved the patient's chances are very slim indeed, for a recovery, and the presence of foci in the lungs is also very bad.

The treatment of this disease is purely surgical. Mixed infection is the rule in these cases and therefore paliative measures are of no avail. Operative treatment, is in some cases, paliative only. Should the kidney lesion be the only one present, removal of the kidney will, of course, remove the disease from the body. As there, are however, in by far the greater majority of cases, lesions

present in other parts of the body, extirpation of the kidney removes the active focus and thereby gives the patient a better chance of overcoming the disease.

The use of tuberculin inoculations, though they may control the symptoms temporarily, is of little or no value.

Indications and contra-indications for nephrectomy. If one kidney alone is affected, it should be removed. There is practically but one contra-indication to the removal of the infected kidney under these circumstances, and that is the presence of grave tubercular lesions elsewhere in the body. If the other kidney is infected to a slight degree, nephrectomy is not only permissible but advisable. If the lesion in the other kidney is marked, it is an absolute contra-indication. Lesions of the bladder and of other portions of the urogenital system are not contra-indications.

If the patient's condition is bad, the function of the opposite kidney only fair, and the gravely diseased kidney either pyonephrotic or complicated by a perinephritic abscess, preliminary drainage should be performed, the patient placed under hygienic treatment and his condition improved. Nephrectomy should then be performed as a secondary operation. I may also add, before closing, that when doing a nephrectomy for tubercular kidney, the ureter, though also infected with tuberculosis may be disregarded. It has been found that it, as well as the lesions in the bladder, will, in all probability, take care of itself.

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SOME COMPLICATIONS OF GONORRHOEA.

W. C. McDONOUGH, M. D., Topeka, Kansas.

Read before the Kansas Medical Society, May 6, 1910,

In attempting to give a bare outline of a few of the many complications that may follow the primary infection of the gonococcus, we are mindful that the subject is not a pleasing one; that an overwhelming number of the members of polite society look askance at this topic, and would have us relegate the same to the list of unmentionables. The untold amount of misery and actual suffering inflicted upon multitudes of innocent persons, and our belief that a more general and free discussion of the ravages of these complications and of means for their relief would be of signal value to unfortunate humanity, are our reasons for assaying to dwell briefly upon the numerous by-paths of the biscuit-shaped germ discovered by Neisser in 1879.

Some who have dug deep into the recesses of antiquity, tell

us that the history of gonorrhoea is as old as that of the human race. While this statement may be unwarranted, we are strongly inclined to believe that some of the early decedents of Adam and Eve carried about with them this scourge, and that the same has been handed down as an heirloom to countless unfortunates through intervening centuries.

Moses, in the 15th chapter of Leviticus, writes: "The man that hath an issue of seed, shall be unclean.

"And then shall he be judged subject to this evil, when a filthy humour, at every moment, cleaveth to his flesh and gathereth there."

In Deuteronomy, 24th chapter, we read:

"If a man takes a wife and have her and she find not favor in his eyes, for some uncleanness, he shall write a bill of divorce, and shall give it in her hand, and send her out of his house."

From Numbers, 5th chapter, we learn that the Israelites were commanded to "cast out of the camp every leper and whosoever hath an issue."

It is barely possible, of course, that these passages do not refer to gonorrhoea, but by at least some competent medical authorities they are so understood.

Though gonococcus infection may be thus traced back to biblical times, it nowhere presents evidence that it is entitled to wholesome respect. On the contrary, the more we study the subject the more thoroughly we are impressed with the conviction that few diseases carry in their uncanny train so much and so far reaching misery. It requires no fertile imagination or no resort to mathematical calculations to convince any thinking person that the gonococcus is an adversary scarcely second in importance to the germs of syphilis or tuberculosis. To the layman—taught from his boyhood to look upon gonorrhoea as of trifling significance, and to regard syphilis with the same horror as he would leprosy—we know that this statement will provoke a smile, but the testimony of many able internists, surgeons and gynecologists will prove that we have not exaggerated.

We will not deal with the primary infection—which most frequently attacks the mucous membrane of the genital tract—but will direct our attention to some of the later manifestations. Among these manifestations epididymitis and prostatitis are frequent. The former is said to occur in about fifteen per cent of all cases of gonorrhoea. In my own practice I have seen it put not a few men in bed for periods ranging from two to ten days—while later on some of these same unfortunates have asked me why

their wives failed to become pregnant. Such a case came under my observation a few weeks ago. The explanation is simple, and need not be enlarged upon here.

A vast number of the victims of gonorrhoea are sooner or later affected with prostatitis. Some of the symptoms are obscure, can be observed almost daily in the large genito-urinary wards. These symptoms may be exceedingly acute, then assume a chronic form, only to be lighted up in a most annoying manner at intervals of months or years, as some irritating cause arises. Excessive intercourse or a drinking bout may be exciting factors. In exacerbations of the chronic type, mistakes in diagnosis are not infrequent, and those thus affected have, in some instances, been treated for typhoid fever or malaria.

Closely associated with prostatitis is cystitis. While we were long told that the gonococcus alone does not and cannot produce cystitis, the reverse of this has lately been proved by careful observers. Even though a mixed infection should be necessary hence we should hold this miscreant responsible. The symptoms are too well known to require enumeration.

With gonorrhoeal conjunctivitis in either the new-born or the adult I have had but limited personal experience. What few cases I have encountered have not increased my veneration for the gonococcus. Authorities tell us that before the introduction of silver nitrate solution by Crede, about 11 per cent of the children born in the obstetrical institute of Leipzig were afflicted with gonorrhoeal conjunctivitis. While modern methods have reduced these figures to about 2%, we still occasionally see most unfortunate results. It is estimated that 20 to 30% of the blindness in this country is due to gonorrhoeal ophthalmia. According to Neisser, there are 30,000 blind persons in Germany whose loss of sight was due to gonorrhoeal infection.

My experience with gonorrhoeal proctitis is confined to three or four cases, all in women. By some authors this is pronounced a rare disease, while others tell us that it occurs in 30% of all cases of gonorrhoea in women.

General systemic infection with the gonococcus—giving rise to septicemia, endocarditis, pericarditis, myocarditis and phlebitis, undoubtedly occur oftener than generally supposed; but my personal experience with such complications is too limited to enable me to speak with interest along these lines.

There is, however, one condition with which we are all thoroughly familiar, namely, gonorrhoeal arthritis. Every physician present has unquestionably encountered this distressing ailment many

times, and—I venture—under trying circumstances. As to the cause of arthritis, two principal views are entertained—one that it is due to the liberations of toxins at the focus of infection, the other that it is through the localization in the joints of gonococci that have found their way into the blood or lymph circulation. The latter appears to be the more plausible view. From two to five per cent of gonorrhoeal patients are said to suffer from arthritis. My own somewhat limited experience would lead me to place the per cent at higher figures. The joints most frequently affected are the knee, ankle, wrist and hand, in the order named, though almost any of the joints may be involved. In the cases I have observed the inflammation has been mostly in the knee and ankle.

What physician has not seen patients afflicted with this most distressing trouble remain in bed from two to ten weeks? While the patients are lying in bed, the physician is busily engaged in cultivating a grave demeanor, looking wise, and also lying in a learned and diplomatic manner to the relatives about the painful and obstinate symptoms of inflammatory "rheumatism." As a sequel to this polite and solicitous care on the part of the medical attendant, it is well to note that sometimes, yes frequently, a wife or mother who "wears the pants" discharges the physician because he does not cure these supposed cases of inflammatory rheumatism within a reasonable time. Your humble servant could recite more than one case that ended in this interesting way. One illustration will suffice. A venerable man, 66 years of age, with a large family of grown-up sons, and with grandchildren ten years of age, remained in bed under my care for seven weeks, suffering the excruciating pains of arthritis, brought about by his maiden attack of gonorrhoea. Against the protests of the patient, his business-like wife discharged me and employed another physician. This physician's efforts, though well directed, did not prevent our aged friend from remaining in bed another seven weeks. Ten days ago the poor victim hobbled into my office on crutches. Those who have had any considerable experience with gonorrhoeal arthritis can testify that the patient who entirely and permanently recovers in three or four months is indeed lucky.

We might go on and speak of bubo, stricture, gonorrhoeal heel, pyelitis, tenosynovitis, muscular atrophy, suppurative myositis, neuritis, neuralgia, sciatica, and other unfortunate complications which are but too often sired by the gonococcus. We might name many more. It is not, however, necessary to seek these less frequent complications to have abundant food for thought.

Let us turn to probably the most sad of all the miserable pictures that have yet been painted, namely, suffering infected woman.

Endometritis, salpingitis, ovaritis, peritonitis, either local or general, with the long train of mutilating operations often rendered necessary as life-saving measures, are but a few of the end-products chargeable to the gonococcus.

From a letter received three months ago from Clarence Webster, professor of gynecology in Rush Medical College, I quote the following:

"I believe that about 50% of the cases which pass through my hands have diseases caused by the gonococcus—in fact the great majority of cases from uncured or so-called latent disease in the male."

Please bear in mind that the 50% referred to by Webster applies to gynecological cases of every character handled by him.

Some eighteen months ago, while in conversation with Dr. Palmer Findley of Omaha, a gynecologist of no mean ability, the doctor ventured the assertion that not less than 90% of the pelvic diseases of women are either gonorrhoeal or puerperal; that of the puerperal infections fully 14% are gonorrhoeal. In his latest work, Findley states that in 1898 there were 2300 labors in the Dresden clinic. In 25% of these cases where occurred, the gonococcus was demonstrated in the lochia.

In line with the findings of these two gynecologists, let us quote the words of the learned Noeggerath, published in 1878, one year before Neisser's discovery of the gonococcus. Noeggerath's words are:

"The wife of every husband who at any time of his life before marriage has contracted gonorrhoea is, with very few exceptions, afflicted with a latent gonorrhoea, which sooner or later brings itself into view through some form of disease of the uterus or its appendages."

Commenting on this bold statement of Noeggerath, which at first met with ridicule, Findley, on page 38 of his work, asserts in heavy-faced type.

"Now we are all but ready to say Noeggerath was right when he said the gonococcus can exist in the tissues throughout the life-time of the individual and at any time under favorable circumstances the infection may light up into what appears to be a new and acute infection, or may transmit a virulent infection without itself becoming manifest."

If the statements of these well-known men can be relied upon—

and I think we can safely trust them—what does the future promise for women? Most of the women thus infected never become aware of the true cause of their ailments. If they were made acquainted with the real facts, it is probable that our divorce mills would grind out a much heavier grist each year. Notwithstanding the ignorance that prevails among women in regard to their condition, the experienced physician well knows that many divorces, sought on the ostensible grounds of non-support and extreme cruelty, are but subterfuges and cloaks to hide the shame that cannot be published to the world.

This brings us to consider treatment of the complications referred to. Unfortunately we are not comforted by the consciousness that our remedies will speedily restore the sufferers to health. On the contrary, in the great majority of cases—if honest with ourselves—we are forced to admit that treatment for almost all the complications of gonorrhoea is sadly disappointing. With arthritis I have, on several occasions, achieved fairly good results by fixation and by the application of extreme dry or moist heat to the joints. With the last three or four arthritis cases handled, and with some chronic cases of prostatitis and epididymitis, I have used P. D. & Co's serum and Mulford's vaccine—both in liberal quantities,—but not at the same time. Though I believe these agents possess some value, I have failed to get anything like the satisfactory response claimed for them by the genial traveling detail men. Able pathologists are struggling manfully with the problem, and at no distant day we hope to obtain a serum or vaccine more potent than anything yet placed upon the market; but until this happy time arrives we fear that the treatment is not a subject upon which we can look with any marked degree of satisfaction.

In conclusion, permit us to say, that if the contention of the ablest writers concerning the seriousness of gonorrhoeal complications is granted, and if—as practically all admit—the treatment of the same is so highly unsatisfactory, where shall we turn for relief from the unfortunate conditions? In our opinion the greatest measure of safety will rest in educating the general public, thus warning our people, and bringing them to a realization of the dangers to which they are daily exposed. I am not unmindful of the fact that any advance along these forbidden paths will encounter extreme difficulties—obstacles at present well-nigh unsurmountable. The fond and well-meaning but improperly educated mother, and the energetic but misguided minister will confront us with the most strenuous objections, and will cry out

in the words of St. Paul—"let it not so much as be named among you." These same deluded champions of the common will stand shoulder to shoulder with the physician in his stubborn fight against tuberculosis, but they will at every turn seek to nullify his most laudable efforts when exerted against an almost equally great evil venereal disease. If, when thus handicapped, we are unable to give the same expression to our views along this line as we do to these directed against tuberculosis, we can at least, until unfettered by conventionalities, educate our patients and render them alert to the dangers that menace their very lives. When we have succeeded, through a quiet campaign, in diffusing a more general knowledge of the grave conditions, we may then hope to secure co-operation from the sources where we now meet rebuffs.

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CURETTAGE.

Its Indications and Contra-Indications.

J. T. AXTELL, M. D., Newton, Kansas.

Read before the Kansas Medical Society, May 5, 1910.

Indications for the use of the curette are few, though not unimportant.

Its contra-indications are many and its dangers great.

Since the time of Marions Sims who was one of its strongest advocates, it has been one of the most common instruments doctors have used. No one with skill enough to use a vaginal speculum and a uterine sound but considered himself competent to use the curette. And the speculum and sound doctor has been the one who has made the most use of it. That it may be used without an anæsthetic or assistants has helped to make its use common. It is certainly a serious question if it has not lost more lives than it has saved.

Dr. Oliver Wendall Holmes, thinking no doubt of "Patent Medicines" and the indiscriminate use of all kinds of nostrums, said "If all the medicines in the world were thrown into the sea it would be better for man but worse for the fishes." About the same thing may be said of the uterine curette.

When properly indicated and properly used, however, it is almost indispensable. In certain forms of endometritis with uterine hemorrhage nothing else will do so well as a thorough curettage. This is especially true of the "polypoid" or "villous" form. Hemorrhage from submucous fibroids of the uterus may often

be relieved temporarily, but its use in such cases is not without danger and at best is only palliative. If it prevents more radical and curative measures it is certainly to be condemned. The curette is commonly used for a uterine discharge and if the discharge is not purulent it is indicated and beneficial. When, however, the discharge is purulent it may spread infection and cause a pyosalpinx. Certainly we have all seen unavoidable laparotomies follow an innocent appearing curettage.

In sterility a dilation with curettement, forming a new endometrium is one of our most effectual methods of treatment.

Frequent abortions in the early months are often cured in the same way and for a similar reason.

Doubtless there are many cases of inoperable cancer that may be temporarily relieved by the vigorous use of the curette.

Securing specimens for examinations and diagnostic purposes is also a legitimate field.

The dangers and contra-indications to a uterine sound or a curette should be thoroughly understood. The patient and instruments should be prepared with all the usual precautions. Hurrried office operations are to be avoided. It must not be forgotten that the denuded surface left by the curette is an excellent culture field for any infection that may be carried to it, and also that with the instrument you may be breaking down nature's barrier for the spread of infection. The movement of the uterus may also break up adhesions during operation, and liberate appreciable quantities of pus and thus spread inflammation.

The dangers of perforating the uterus, especially when recently pregnant, are much greater than commonly supposed. Several cases have come under my own observation. Dr. D. Tod Gilliam, Professor of Gynecology in Starling Medical College, reports a number of cases in his own practice and that of his assistants. He has also found evidence of perforation in many laparotomies made soon after curettements. Many other authors make similar reports. The curette is said to cause the perforation on its upward stroke and the resistance is scarcely appreciable. No doubt this occurs much oftener than generally known from the fact that if the uterus is packed with gauze, no untoward effects are likely to follow a slight perforation. A protrusion of intestine has been the first warning in a number of cases.

Curettage is contra-indicated when the uterus is fixed and not freely movable. This is so important that it may be called fundamental.

RECAPITULATION.

The uterine curette is so old and so common and supposed to be so easily used, it is not seriously enough considered.

It is capable of great danger as well as great good.

It may easily carry and spread infection, both directly and indirectly.

Perforations of the uterus are probably more common and less serious than usually supposed.

RABIES.—A CASE REPORT.

DRS. T. D. BLASDEL, Garnett, and A. B. JEFFREY, Topeka.

Into a locality where rabies has been endemic for two years, a family moved and rented a farm March, 1910. On this farm they found a large cat that after a week's time commenced to act queer and strange. There seemed to be a change of disposition, together with an alteration of its voice. At times this cat would suddenly run "insanely" through the chickens. Often a purposeless run would be made. It would quiet down with a far-away stare. The cat would eat abnormal things not food. The family regarded the cat with suspicion. After a delay in the farmer carrying out his threat to kill the cat his 10 year old son Ralph took it upon himself to do the deed.

The boy found the cat lying near the well platform and as he reached for the cat he was bitten slightly on the right hand. Cat was killed and no special care taken of the wound on the boy's hand.

Boy, age 10 years, good robust health, never seriously sick. Further history negative. On July 7th the boy did not feel like playing, no other symptoms. On the 8th, anorexia, malaise, felt drowsy, pain on right side of body, headache depression of spirits, sensitive to sound and light and touch, painful right shoulder. (Right hand was one that was injured.) This train of symptoms gradually becoming worse, he was taken to Dr. Blasdel, Monday July 11, 4 p. m. Temperature 102 by mouth, very nervous and sensitive to light and sound, a draft of air rendered him irritable. Dysphagia, right scapula painful and right side of body tender at this time.

On the road home, boy became delirious, breathed irregular and jerky, with deep sighing inspirations. Became more sensitive to sound and to the slightest breath of air.

Monday night boy more delirious, at times the mind being

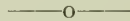
clear. Thirsty but unable to drink. Tonic spasms frequent, had to be held in bed by force. Tried to fight and bite anything and those in attendance and from 11 p. m. Monday on, the tonic spasms came every 5 or 10 minutes.

Thursday morning 7:30 he received professional care; temperature 105 per rectum. Continuance of symptoms. Sedatives administered. Ten o'clock a. m., began to get quiet and at 3 p. m., sweating profusely patient quiet. Unable to swallow the increased amount of saliva. At 3:45 entire body in tonic spasm, cyanotic and patient passed away 4 p. m.

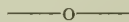
Comment.—The wound on boy's hand had been made by a suspicious cat three and one half-months ago in a neighborhood where rabies has been known recently to exist. The clinical evolution in the case is distinctive.

The patient passed through a classical **first** or **prodromal stage** lasting about 2 or 3 days; then going progressively to the **second** or **excitation stage** lasting about 2 days; the last or **third** or **terminal stage** lasting only a few hours.

While taking care of the patient the boy wounded his father's hand. The father is under Pastuer treatment at Topeka. In the case of the son, Pastuer treatment given or started with the beginning of the prodromal symptoms would have been too late.



Diagnostic Sign in Cholelithiasis.—Robert Abrahams, in the New York Medical Record, describes a physical sign in this condition which he declares has never failed, nor been absent in a case of cholelithiasis in the many years that he has observed and taught it. It consists of a painful point midway between the umbilicus and the costal cartilage of the ninth rib in the right hypochondria. The method of eliciting the sign is as follows: Place the patient in a recumbent position, with the arms and legs extended. Ascertain a point midway between the umbilicus and the ninth costal cartilage, then, with a sudden thrust, press the index and middle fingers of the right hand into that point. The effect on the patient is like an electric shock—there is either a grimace on the face denoting suffering, or a quick involuntary jump of the abdomen, as if it were struck with a pointed instrument. As often as the finger thrust is repeated, just as often is the painful response obtained.—The Medical Standard.



When treating gonorrhœal ophthalmia remember that the cornea is in a very weakened state and if it is simply touched with a wisp of cotton ulceration may result. An abrasion of the corneal epithelium and you have an avenue for infection.

THE JOURNAL OF THE Kansas Medical Society.

JAMES W. MAY, - - - - - EDITOR.

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

Subscription Rates: \$2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1903, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

LIST OF OFFICERS.—President, O. P. Davis, Topeka; 1st Vice-President M. F. Jarrett, Ft. Scott; 2nd Vice-President, J. T. Axtell, Newton; 3rd Vice-President, G. W. Jones, Lawrence; Secretary, Chas. S. Huffman, Columbus; Treasurer, L. H. Munn, Topeka; Librarian, S. G. Stewart, Topeka.

COUNCILLORS.—1st District, C. W. Reynolds, Holton; 2nd District, Preston Sterritt, Kansas City; 3rd District, Hugh B. Caffey, Pittsburg; 4th District, W. E. McVey, Topeka; 5th District, W. E. Currie, Sterling; 6th District, Arch D. Jones, Wichita; 7th District, F. M. Dailey, Beloit; 8th District, O. D. Walker, Salina; 9th District, C. S. Kenney, Norcatur; 10th District, E. J. Beckner, Seldon; 11th District, J. A. Dillon, Larned; 12th District, W. F. Fee, Meade.

EDITORIAL

Laugh at your own misfortunes, keep silent at others.

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The American Medical College of St. Louis, Mo., which was founded in 1873, as an eclectic school of medicine was reorganized June 6, 1910 as a Regular College. The following officers were elected: James Moores Ball, M. D., Dean; J. J. Link, M. D., Treasurer and W. T. Burdick, M. D., Secretaries.

The 38th annual session will open on September 6th, 1910.

It seems that sectarianism in medicine will soon be a thing of the past. There never has been nor is there now any necessity but for one school of medicine and that one the Regular.

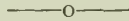
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This Journal wants the medical news of every county in the State. It seems to the editor that the one person best suited to act as reporter is the county secretary. Therefore every county secretary who will send in all the news items concerning their societies, personals, etc., each month, the editor would very much like to hear from them with a personal letter. Lets get together and make a newsy as well as scientific Journal. A list will be published in the Journal soon of all those who will volunteer to assist in the up-building. Now all-together.

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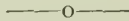
The Bulletin of the American Academy of Medicine for June

1910, was given over almost entirely to infant mortality, all pertaining to its reduction. Woods Hutchinson of New York, took occasion to say that his ideas of philanthropy were not embodied in the charitable institutions where infants are received almost immediately following birth. His idea is that the mother should be cared for and who then could give the infant the nursing and care and attention that is impossible for it to receive away from its mother. Going further he says that the way to help the mother is for the husband and father to receive wages commensurate with conditions in which he lives. Truly this is an altruism that none can deny. Of course this is but one phase of the question which embodies all conditions of the reduction of infant mortality, which includes race suicide, high birth rates, poverty, prevention of marriages of the weak-minded, diseased, etc., but the questions have to be disposed of one at a time and it seems that Dr. Hutchinson has struck the key-note in this instance.

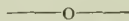


SOCIETY NOTES.

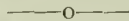
The South-West Medical Association will meet at Wichita, Kansas, October 11-12-1910, under the presidency of Dr. G. H. Moody of San Antonio, Texas.



The Medical Society of the Missouri Valley will hold its annual meeting in Council Bluffs, September 1 and 2, under the presidency of Dr. A. B. Somers, Omaha.



Program of the Clay county Medical Society July 13, 1910. Excision with Immediate Suture Operation for Fistula in Ano, with Report of Cases, Dr. E. H. Thrailkill, Kansas City, Mo; Treatment of Hydrophobia, Dr. Alexander, B. Jeffery, Topeka, Kansas. Diagnostic and Prognostic Value of Blood Examination, Dr. Geo. E. Brethaur, Dwight, Kansas.



The Sumner County Medical Society met Thursday evening, June 30, in the Commercial Club rooms, Wellington, Kansas. The applications of H. F. Hyndman and A. R. Hatcher of Wellington were received and favorably acted upon. Resolutions condemning lodge and contract practice was passed. The next meeting will take up the subject "Contract Practice."

The 6th Councillor district will be welcomed to meet in Wellington for a general meeting in the near future. Dr. Walton A. Rea of Oxford, presented a paper on "Appendicitis." Dr. A. R.

Haucher one on "Acute Osteo-Myelitis and Tubercular Diseases of Bones and Joints." Dr. H. L. Cobean one on Summer "Diarrhoea of Children." The papers elicited a lively discussion which brought out many points of value.

T. H. JAMIESON, Secretary.

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The Kingman County Medical Society met at Norwich, July 14, 1910. Members present, M. F. Brown, H. E. Haskins, Wm. Tipton, Eugene Wallace, Phillip Morton, Bucklin, Young, McRamey, Dick, Callahan, Johnson, Longnecker, Pitts, Updegraff, and J. S. Caldwell. Dr. H. E. Haskins read a paper on "Neurasthenia". Dr. Young presented a case of epithelioma of the Lip. Dr. J. S. Caldwell read a paper on "The Relation of the Physician to the Public School." Dr. Callahan reported a case of Infantile Paralysis. Dr. Young read a paper on "Public Health and Hygiene." Dr. Johnson read a paper on "Ethics." The papers were all thoroughly discussed. Dr. Young entertained the Society at a luncheon. The society adjourned to meet at Zenda August 4, 1910.

J. S. CALDWELL, Secretary.

NEWS NOTES

Dr. J. A. McKinnon has settled in Corbin.

Dr. T. H. Jamieson and wife of Wellington spent August in Colorado.

Dr. Charles M. Fullenwider of Eldorado, Kansas, has returned from Europe.

Dr. F. W. Emery of Winfield is taking his summer vacation on the upper lakes.

Dr. J. J. Sippy of Belle Plain is secretary of "The Society of Kansas Health Officers."

Dr. S. W. Spitler and wife of Wellington are spending the hot months in Ontario, Canada.

Dr. Emery Treakel has bought the practice and home of Dr. Geo. W. Waite in Milan. Dr. Waite will do post work in Chicago during August.

Dr. A. R. Hatcher has purchased the office and practice of Dr. Wm. Martin of Wellington.

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Dr. Wm. Martin will spend the year in travel after which he will locate in San Antonio, Texas.

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Dr. C. M. Stemen and family of Kansas City, Kansas toured the state during the past month in their motor car

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Dr. Herbert G. Atkins of Kansas City, Mo., formerly interne in the German Hospital has located at Pratt, Kansas.

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Dr. P. D. Hughes of Kansas City, Kansas accompanied by Dr. R. A. Roberts took a western trip as far as Colby Kansas in his auto during July.

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Dr. F. Campbell has been appointed Health Officer of Kansas City, Kansas. The doctor was recently married to Miss Maude Barbour of Kansas City, Kansas.

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Dr. S. J. Crumbine secretary of the State Board of Health addressed a public meeting in Belle Plain June 23, his subject being "Underground Water Pollution."

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For Sale.—One Betz U. S. Army Chair and table. Complete with fixtures, full length cushion and irrigation stand. New. Price \$11.00. Address Dr. John G. Woodin, Iola, Kansas.

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Artificial Teeth The Cause of Death.—A curious case of death the remote result of a motor accident has been the subject of a coroner's inquest. A woman while cycling in December, 1908, was knocked down and run over by a motor car. Her skull and clavicle were fractured. She was wearing a plate bearing four artificial teeth. This plate was found in the car. What had become of the others was a mystery. She was discharged from hospital in January, 1909, and her recovery was so complete that she married in the following November. But ever since the accident she complained of throat symptoms. Three weeks ago she returned to the hospital, where she died this week. The post-mortem examination showed in the esophagus the missing piece of the plate with the two teeth attached, fastened deep in the tissues by its gold hook. Round this an abscess had developed which caused death.—(London Letter) Journal A. M. A.

The membership of the A. M. A. on May 1st 1910, was 34,176.

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For Sale.—Betz 24 plate static machine, monarch, with all equipments, good as new and in fine shape, 3 x-ray tubes, 2 flourosopes, not a scratch on cabinet. for particulars write Drs. Peers & Millard, Topeka, Kansas.

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Lactation in the Blazek United Twins. Considerable scientific interest has been aroused over the phenomena of lactation in the United Bohemian twins, the Blazek sisters, one of whom was delivered recently of a boy at Prague (mentioned in the Vienna letter April 28). The father of the child is the manager of the two sisters, who has exhibited them to the public for several years. The Blazek twins form a pygopagus; that is, twins joined at the buttocks; all the organs of the trunk are duplicated, except that the rectum and the introitus vaginæ are in common. Formerly the sisters menstruated for a four to five day period. During pregnancy the menses ceased in the pregnant woman, while the other sister menstruated regularly until the last two months before the birth. It is remarkable that lactation set in not only in the woman who was delivered but also in her sister. Dr. Basch, who examined the sisters in the Prague hospital, reports this fact and its explanation in the last number of the *Deutsche medizinische Wochenschrift*. (Truneeck and Baudouin also discuss the teratologic aspect of the case in the *Semaine Medicale*, May 18.) Basch regards the influence of the sympathetic nervous system on the secretion of milk as small. The role of the sympathetic is especially shown in the transmission of reflexes in sucking or milking which are necessary to a uniform continuous activity of the mammary glands. The essential specific activity of the mammary glands is independent of the nervous system. According to Basch, the growths of the breasts is occasioned by stimulant substances which are present in the ovary after impregnation, while the initiation of the secretion of milk is brought about by stimulating substances which may be obtained from the expelled placenta. According to his opinion the secretion of milk in the non-pregnant twin is to be explained by the fact that we have to do with with individuals living in parabiosis in whom the necessary stimulus to the production of lactation generated by the pregnant sister was carried by the common blood stream to the other sister with positive effect. Whether this idea will be sustained by other investigators remains to be seen.—*Journal A. M. A.*

THE JOURNAL OF THE
PROCEEDINGS OF THE FORTY-FOURTH ANNUAL MEET-
ING OF THE KANSAS MEDICAL SOCIETY, HELD AT
TOPEKA, MAY 4-6, 1910.

MEETING OF THE COUNCIL.
MAY 4th,

Called to order by the President, at 9:00 o'clock, A. M.

Secretary read the minutes of the meeting held Dec. 9th, 1909; which were approved as read.

President: We have a contest on hand as to the delegates. The secretary will read the report of the contest.

Secretary: Dr. Goss, at the regular meeting of the Society, in December, was elected, and at a subsequent meeting they reconsidered the action of December meeting, and elected Dr. W. T. Courtwright. Here is a letter from Dr. Vermillion, and here is a certificate showing that Dr. G. W. Goss is elected as delegate. It is signed by Dr. Milton T. Evans. Here is a letter from Dr. Evans as president of the society, and a letter from Dr. Vermillion, thus giving the different sides of the case.

The President: As this is voluminous, we will appoint a committee.

Secretary read the statement of the contest.

Councillor Arch D. Jones: Being councillor at this time, I heard something of this controversy. That election held in December was not considered legal, and was voted as illegal by the Society at its subsequent meeting, because the election of President was held by acclamation. On looking over the statutes they found it must be held by ballot. So they declared the whole election to be illegal. Among the ones elected was this delegate, and as he was not elected according to the Constitution and by-laws, they declared it illegal.

The President: Is this a true copy of the records?

If it is, they have not reconsidered the election of all the officers, but only of the delegate.

Councillor Arch D. Jones: We have one man from each side at this meeting.

On motion of Councillor O. D. Walker, the president appointed a committee of three, consisting of Councillors Arch D. Jones, O. D. Walker and W. E. Currie, to investigate the contest from Chautauqua County and report to the councillors at the next meeting.

Council adjourned.

MEETING OF THE HOUSE OF DELEGATES. 10:00 A. M.

The list of delegates was then read by the Secretary.

Reading of minutes of last meeting called for. The Secretary suggested that as the minutes were published in the "Journal" it seemed unnecessary to read them. On motion, the reading of the minutes was dispensed with.

REPORT OF OFFICERS.

Secretary's Report.

In making my report this year, of the conditions of our State Medical Society, I felt that I ought to touch upon some things that affect directly our profession, although not exactly in line with the association work.

During the past year, four new county and multiple county societies have been organized and are doing good work. The new societies are composed of the following counties: Clark, Commanche, Graham, Gove, Sheridan, Ellsworth, Russell, Ellis and Barber counties. While these new counties have been organized, I regret to state that some already organized have been permitted to almost go out of existence, and this, too, in counties having a large population, and where some of the most progressive members live. I want to again commend the work done by our councillors, many of whom left their work and gave much of their time, to organize, and infuse new life into the county societies.

Our organization has done much during the past year to assist the state Board of Health in administering and putting the new laws recently enacted, into operation. Namely: The enforcement of the pure food law; the supervision of the water supply; the disposal of sewage and waste, and in making the Tuberculosis Exhibit a success. It is conceded that none of these can be successfully enforced unless they have the support and approval of the physicians of the state. Everywhere the tuberculosis exhibit has been held it has had the hearty co-operation and assistance of local physicians.

The advance made in medicine and surgery in the past few years, is something marvelous. Preventative medicine and the prevention of the spread of disease, is our watchword, and Kansas should not be last, but should be to the front in pushing forward this great work.

A bill has been introduced into our National Congress, to make medicine and sanitation one of the Departments of State, with a cabinet officer at its head. This is a step in the right direction,

for while we are in favor of conservation of the National resources, we are also in favor of the conservation of the National Health.

I would make the following recommendations:

1. That a resolution be passed at this meeting, calling upon our Senators and Representatives in Congress, to support this Bill, creating a Department of Health.

2. Asking our Representative of the State Legislature to pass a Vital Statistics measure, for without the latter it is almost impossible to get an accurate and truthful statement of facts that are of the utmost importance to the people of the state.

My last recommendation is, to urge all to push our organization, that every physician in the state will become a member, for it is only by organization that we can keep our profession on the high plain where it belongs.

The membership on the books of the society are approximately the same as last. Our financial condition shows increase of several hundred dollars over last year, and is as follows:

Amount of dues collected for the year,	\$2113. 00
Amount received from the Journal,	376. 27
Amount in Dr. Munn's hands at last report.	4558. 85
<hr/>	
Total	\$7048. 12
Amount paid out during the year on general account. .	\$ 831. 42
Amount paid out on Journal account	1025. 75
<hr/>	
Total	\$1857. 17
Balance in hands of Treasurer	\$5190. 95

Respectfully submitted,
CHAS. S. HUFFMAN, Secretary.

TREASURER'S REPORT.

Mr. President and Fellows of the Kansas Medical Society:
I have the honor to submit the following report:

Cash on hand May 3rd, 1910,	\$4558. 85
Cash received from secretary to May 3rd	2489. 27
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Total	\$7048. 12
Cash paid out by order of president and secretary to May 3rd	\$1857. 17
Cash on hand May 3rd	51. 9095
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Total	\$7048. 12

Very respectfully,

L. H. MUNN, Treasurer.

An auditing committee consisting of Drs. H. S. Hickok, J. E. Sawtell and M. Trueheart, was appointed by the president, and reports of the officers referred to this committee .

EDITOR'S REPORT.

The Kansas Medical Society, Gentlemen:—

Your Editor begs leave to submit the following report relative to the condition of the Journal for the year ending May 1, 1910.

Amount received from advertising,	\$ 1,689 47
Amount received from State Society,	1,025 75
Amount due from advertising,	70 00

Total, \$ 2,785 22

Amount paid out as follows.

Twelve issues Journal	\$1,200 00
Postage,	54 60
Envelopes for mailing Journal	70 00
Cuts,	5 75
Stenographer re-writing papers	10 00
Salary of Editor	1,000 00

Total, \$ 2,340 35

This amount subtracted from the total collection, with the amount due leaves a balance to be returned to the society of \$443.87. By this report you will find that the Journal cost the Society but \$581.88 for the past year. J. W. MAY, Editor.

REPORT OF COUNCILLORS.

First District, C. W. Reynolds. I have but little report to make. Dr. Huffman could make a better report than I can. One thing I might mention that has caused more interest than any other is the matter of the increase of fees, and we have been taking that up in my District. Several of our counties have taken that matter up, increasing fees, and we think it will be a great benefit. I hardly know what the conditions of my District are.

Second District, Preston B. Sterritt: I have been unable to get in touch with all, but part of my District is not organized. Have tried to get in touch with them, without wishing to enter upon their privacy in any way. Everything else in my District, so far as I have been able to learn, is all right. Have had good reports from part of the District, but from some I have been unable to get any. It seems to me we ought to do something.

Third District, H. B. Caffey: No report.

Fourth District, O. P. Davis: I have attempted to get in touch with my counties with varying success. Those counties which are well organized are easily kept in communication with. I have visited some of them. Others whose organizations are somewhat imperfectly formed and whose meetings are infrequent have been hard to get in touch with

I have written to the secretaries or presidents of the county societies of my district, asking them as to the conditions, and gently intimating that I would like to attend some future meeting if they would inform me as to the time when it would be held. To some of these letters I have received no response. I have felt diffident about attending meetings when I could not even succeed in finding out when they were to be held, and also whether I would be a welcome visitor. Therefore I have not attended in all the Counties of my district. I have felt somewhat discouraged about some of these counties, although I have reason to believe that they hold meetings occasionally.

I think with the exception of Morris county, every county in the district has been organized. At one time I suggested to the President that we might together succeed in organizing Morris county but we have so far failed to accomplish this.

Fifth District, W. E. Currie: A councillor has to act on the same principle as the preacher, he makes his visits without an invitation. This is the way we have to do with some of the counties. In my district, out of the ten, we have at least seven flourishing county societies. There is one which is not organized at present. There are two others with which I have not gotten in touch. I have written several times to Barton county, offering to prepare and read a paper if a meeting could be arranged. I am still waiting to read my paper. I have written to Chase and Butler counties, but have had no response. They may have organizations, but I have been unable to get in touch with them.

Sixth District, Arch D. Jones: Mr. President, My report differs somewhat from the reports that have gone before. I have had no difficulty in getting to meet with my county Societies. My district has nine counties, seven of which were organized when my councillorship began. During the year I have visited each of the organized counties and one unorganized county, which was organized at the time of the visit.

Every society visited was in a live condition, working well and harmoniously. Have received communications from secretaries of different societies, asking for instructions and solutions

of matters that will occasionally arise, and am pleased to report a harmonious solution in each instance as far as I am informed. The one unorganized county in the district is one from which I could receive no encouragement by corresponding with two men who were pointed out to me as men who should be interested. The solution is probably to approach the younger men of the county, whom I find often, but not always, take more interest with less prejudice than the older men.

To report each society in full detail is probably not desired. In brief, I visited the different societies and found conditions as follows:

September 30th visited Sumner county Society, at Wellington. Dr. D. E. Kisicker in the chair, Dr. T. H. Jamieson, as secretary. The attendance was good. The society has about thirty-five members, about twenty of whom were present, some coming as far as twenty-five miles, and many coming twelve to fifteen miles. Clinical cases were reported and a number of interesting papers read and fully discussed.

April 21st a second visit was made on their invitation. This meeting consisted of a regular program, with four papers and a banquet, Dr. Emerson presiding. I asked permission to bring some of the Sedgwick county members, and they gave permission to bring as many as I liked. Fourteen responded, all of whom are impressed with the fact that the Sumner County Society is right. Sedgwick county will extend an invitation to Sumner, to its next banquet, and desires to make such another arrangement with other near counties.

October 4th, visited Chatauqua County Society, at Sedan, Dr. W. S. Courtwright presiding, Dr. M. T. Evans, secretary. Clinical cases were reported and freely discussed, also the subject of preventing those not legally qualified from practicing in the county.

This society has the distinction of having every registered man in the county as a member. Any further comment on the condition of the society is unnecessary.

November 11th, visited Kingman County Medical Society, at Kingman. Dr. E. W. Hinton, President, Dr. H. E. Haskins secretary. Clinical cases were reported and freely discussed. A most harmonious feeling exists among the physicians of this county. They were also fortunate in having a well equipped hospital which was just opened for work at the time of my visit.

December 14th, visited Pratt County Society, at Pratt.

Dr. P. K. Guston, president, Dr. H. W. Walker, secretary. Officers were elected for the following year. Clinical cases were reported and a general round table experience meeting was held. The best of feeling exists. While their membership is not large, their society is a success.

December 16, visited Cowley County Society, at Arkansas City. Dr. E. P. Day, president and Dr. R. W. James, secretary. This society held its election of officers, reported a number of clinical cases, read and thoroughly discussed three papers, including the president's address, and held an adjourned smoker and experience meeting under the auspices of Dr. Day. They also raised their dues so they could give more attention to social features. It is not necessary to present any argument that Cowley County is alive.

February 1st, visited Barber County at Medicine Lodge, for the purpose of organizing the county. No outside men were present, but after conferring with the local men Dr. Abel S. Cloud was made president, and Dr. Hardin Gilbert, secretary.

March 30th, visited Elk County Society, at Howard. Dr. J. F. Costello, President, Dr. S. L. DePew, Secretary. Officers for the following year were elected, one paper read and discussed, clinical cases reported, presented and discussed.

Vital statistics reports were also freely discussed, favorably to the present system. Their number is not large but there is a spirit of harmony that is highly commendable.

Sedgwick County Society has been visited several times. Arch D. Jones, president, Dr. Geo. R. Little, secretary. Society has a membership of somewhere in the fifties, and is harmonious and active. Clinical cases and one paper are discussed at each meeting. Meetings are held each Tuesday evening.

Most of the societies in this district meet only every three months. With a few exceptions, I have encouraged meeting oftener than this, but where many members come several miles to the meetings, have thought that to meet more often might become irksome, and cause many who would come to the quarterly meetings to miss coming a few times and get out of the habit of coming at all.

In closing this report will say that I have followed the requirements of a councillor as nearly as possible, having visited each of these counties personally once during the year. Have advised and conciliated and held myself in readiness to go at any time to their meetings. Have not disappointed a single society by not being there at the time agreed. It has been at con-

siderable expense to the state society, and I am not prepared to say that the work has been of sufficient benefit to the society to justify it. Some societies said it was the first time a councillor had visited them, and still they were in good condition. Others seemed to promise a rejuvenated effort after the visit. All seemed to manifest an interest in the visit, but whether a repetition each year would do the same I do not know. It is possible that this work can be done as well by correspondence at much less expense to the society, as well as the councillors.

MEETING OF THE HOUSE OF DELEGATES.

May 4th, P. M.

REPORT OF THE COMMITTEE ON CREDENTIALS.

We, the committee appointed to report on the contest between Dr. Goss and Dr. Courtwright, relative to which shall be recognized as delegate from Chautauqua County, recommend that Dr. Goss, be recognized.

ARCH D. JONES.

O. D. WALKER, Committee.

On motion report received.

REPORT OF THE AUDITING COMMITTEE.

Your committee have examined the books of the secretary and Treasurer, and find same correct.

H. S. HICKOK.

J. E. SAWTELL.

M. TRUEHEART, Committee.

On motion the report was accepted and committee discharged.

Councillor O. D. Walker made a report on the condition of the Eighth District: Gentlemen: A year ago we had two counties organized of the six, Saline and Lincoln. They are all organized now but one, Ottawa. In February I met the physicians of Ellis and Ellsworth counties and attempted an organization, but it was not thought advisable to organize separately. These counties extend along the main line of the Union Pacific Railroad about one hundred miles, and we met at Ellsworth, and organized a society there; since that time they have been holding monthly meetings. They are making a move to take up post-graduate work. If they keep up the pace they have started in that central Kansas Medical Society, it will worry the other societies to keep even. They have one of the best societies in the state today.

The Saline County Medical Society is in good condition.

We are now entitled to two delegates. I do not know what to say about the Lincoln County Society. I hate to say what I think. I felt very jubilant after going to Ellsworth, but the opposite after going to Lincoln. But Lincoln will probably have to be taken in with other territory. I do not know how the last councillor felt about it, but lines of railroad make a society much easier to organize, and much easier to reach. The members of the Lincoln County Society are located practically along the Lincoln branch. By extending east and west we could get enough men to organize a society. It is the good men of other towns that are responsible for keeping up what society we have.

Ottawa cannot get men enough together to organize. I don't see any good reason why they should not be organized.

No report from C. S. Kenney, Councillor 9th district.

No report from E. J. Beckner, Councillor 10th district.

J. A. Dillon, Councillor, made a report on the condition of the 11th district.

Mr. President. In my district we have only the two societies Pawnee and Edwards counties. They also have a society including the counties of Gray, Finney and Hamilton, and I was to meet with them about two months ago, but was notified a day or so before not to come. There are only a few physicians in this territory. In Western Kansas, with only one or two Doctors in a county, it is almost impossible to organize them. I do not know whether we would be justified in going to the expense of getting these men together. They are too far away from their societies to join the various county societies. We have thought of combining the two societies in Pawnee and Edwards counties, but decided that they could not come to ours and that we could not go to theirs. They both are small in numbers, possibly nine or ten in each society. There has been nothing done in the way of new organizations. This is about all I can say about the work in district 11.

W. F. Fee, councillor, made a report on conditions in the 12th district.

Mr. Chairman: I was appointed last year as councillor for the 12th district. About a month or so ago I arranged to visit as much of this district as possible. I visited Greenburg, Havensville, and other towns, was there about two days. I did my best to get those men together. I had promised them to return and help them organize. They were to set a time and let me know when they would organize, and I would go up and help them. The time has never been set. I then drove to Mullenville. The

older men do not seem much interested in the organization of the societies. Some say it is impossible to get them together. I drove to coldwater, Protection, Ashland and Englewood, and succeeded in organizing Clark and Commanche counties. I think they have a fair society there. The other counties, Stevens, Morton, Meade and Seward, have but few doctors and mainly new and young ones. I have not had time to see about them over there. Neither have I had time to visit the Western Counties. I think Haskell has only one physician. That is practically all of my district. I am like some of the other gentlemen who have spoken, I do not know whether it will pay to go after them. Most of those counties in Western Kansas have but one physician. The question in my mind was as to whether I could afford the time to visit these counties where they have only one physician, and whether the society would want me to do it. It means a good deal, to live and practice away out sixty or seventy miles from a railroad. We have to take a team or automobile to reach them. I do not know whether we can organize them or not. There is not a man here who would go fifty or sixty miles to join a Medical Society. I believe we can organize Kiawa for the men there are enthusiastic. The two men at Haviland do not seem enthusiastic but I think they can be brought in.

The President Dr. Currey asked a question this morning.

Dr. Currie: I want to ask about those counties that are not organized. By making two or more visits trying to arrange a meeting for the future we might get them together. Shall we take money of the Society to go that far to reach those people for the purpose of organizing them; or whether we should limit ourselves in that direction.

The President: I would say that Councillor's allowances have been five dollars a day and expenses for the actual time put in, and now whether it would pay to pay five dollars a day to go after one man is the question.

H. B. Caffey, Councillor, made a report on the condition in the Third District.

Mr. President: I want to be heard. The Third district is composed of nine counties, Woodson, Allen, Bourbon, Wilson, Neosho, Crawford, Montgomery, Labette and Cherokee. We have organizations in each of these counties. The societies are doing as well as they have been in the past. All are well organized and the meetings are quite interesting. One feature of this District is a society which takes in all of the organizations. A meeting of this organization has been held at Pittsburg, with a represen-

tative from each county society, some had more than one, some as many as a dozen. The attendance was nearly sixty doctors. Every year this society is getting better. I think it is a good idea to have a district society. This brings the fellows with the most enthusiasm together and they can talk the situation over to much better advantage here than in the county societies, where there is more or less friction. The third district is very prosperous.

The following amendments and changes in the constitution and By-Laws presented at last session, were adopted at this session.

Change in Article 8.

Section II. The time and place for holding each annual meeting shall be fixed by the council.

Change in Article 9.

Section I. The Officers of this society shall be a President, three Vice Presidents, a Secretary, a Treasurer, and such number of Councillors as may be determined by the House of Delegates.

The following amendments and changes in the by-laws were adopted.

Change in Chapter IV.

Section 1. The House of Delegates shall meet on the first day of the Annual session. It may adjourn from time to time as may be necessary to complete its business; provided its hours shall conflict as little as possible with the general meetings. The order of business shall be arranged as a separate section of the program.

Change in Chapter V.

Section II. The election of officers shall be the first order of business of the House of Delegates, after the reading of the minutes on the morning of the second day of the general session.

Change in Chapter VII.

Section I. The council shall meet on the first day of the regular session, and daily during the session, and at such times as necessity may require, subject to the call of the chairman, or on petition of three Councillors. It shall meet on the last day of the annual session of the society, to organize and outline work for the ensuing year. It shall elect a chairman and clerk, who, in the absence of the secretary of the society, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates.

Change in Chapter VII.

Section II. Each councillor shall be organizer, peacemaker and censor for his district. He shall visit the counties in his dis-

trict at least once a year, for the purpose of organizing competent societies where none exists; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of this work and of the condition of the profession of each county in his district, at the annual session of the House of Delegates. The necessary traveling expenses incurred by such councillors in the line of his duty herein imposed, (together with per diem, not to exceed five (\$5.00) dollars, may be allowed by the House of Delegates, on a properly itemized statement, but this shall not be construed to include the expense in attending the Annual Session of this society.

Amendment to Chapter VII.

Section VI. The council shall have power to create committees from its number and to endow them with authority to act in the interim between annual meetings of the council upon all matters which would ordinarily require called or special meetings of the council.

A communication from Chancellor Strong of the State University was read regarding the appointment of a Committee to confer with the officials of the University as to the Medical Department of the school.

Dr.———: I think if it is possible to get the profession and the University together it is very necessary that it should be done. I would be in favor of a committee being appointed to confer with them, and have the committee instructed that if they want the co-operation of this society they had better get rid of their Missouri men and get Kansas men. The professors in the Medical Department are Missouri men and they would just as soon support a Missouri School as a Kansas school. Nine-tenths of the teachers in the Kansas School are Missouri men. It must be demonstrated whether it is a Kansas School or a Missouri School. I know how we feel, especially the doctors in the eastern part of the state. It is a thing that is going to come up to injure in the future, the success of the Kansas University Medical School, especially in the Legislature. That is my opinion. I am not saying that it will cause trouble, but I say that it threatens it. There ought to be a committee appointed to talk that matter up as a part of the conference and see if it is possible to make some changes of that kind.

Dr. Sawtell: I am heartily in favor of a committee being appointed but I hardly feel like the House of Delegates could instruct that committee as to their duties.

They should use their own discretion and judgment with any such matters as my friend refers to. I regret that the matter has come before the State Society, and in justice it should have some explanation. It is true that the University Medical Department has a number of men from Missouri. In selecting men from the Missouri city they have endeavored to get the best men that could be found in their special lines of work and for all the positions they have been selected to fill. It is true we recognize that we have talented men in Kansas City, Kansas, but we could not furnish all the talent that is necessary to teach in the State University Medical Department. Not all men are endowed especially for teaching, and many of them do not like to teach. You could not find in the smaller city, men who could do all the work in every way. You must necessarily go out. They have gone out over the State of Kansas, to get capable men. They have been put on to do work, but you know how it is. Some men could do so, but don't do the work. Somebody has got to do the work. Some of you do go, but a number of you don't go. Somebody must. You have got to have men who are interested in the work, men that are capable and men who are willing to do the work. I have always said, get the best men for the University regardless of where you get them. I think the officers should be within the State as much as possible, but get the best men for lecturers and a teaching force that you can anywhere. When we select men to go on the faculty, I say get the best men regardless of where you get them. I have the interests of the State above any person, and so we are compelled to get a number outside the State. We cannot furnish all the facilities in Kansas City, Kansas, that are necessary for the Medical Department of the State Institution. We are compelled to go to Kansas City, Missouri. The best facilities are in the City Hospital. The members, of the faculty that come from the other side we get from the City Hospital. We can have abundance if the State will make provision for our school as will equal the facilities on the other side. Fill the positions at the University with Kansas men if possible, but we must get good men, the best anywhere.

Dr. Davis: I have no antipathy for the University of Kansas. I am an alumnus of the University, and am proud of the fact, and have only the kindest feelings for my alma mater. That does not mean, however, that I would endorse or approve some of the departures that have been entered upon in recent years in the founding of a medical department. The constitution of our State puts the University of Kansas at Lawrence, yet by

some means the authorities have succeeded in diverting the new Medical department to Rosedale. If it had to go down that way, why was it not located in Kansas City, Kansas, the metropolis or largest city in the state?

Yet I am informed that only four members of the clinical faculty of the University reside in Kansas City, Kansas; the rest of that large body reside in Kansas City, Mo.

Now I am slow to believe that there are only four men in Kansas City, Kansas, the largest city in the state—not the best city of course, for Topeka is the best city—who are competent or worthy to be members of the university's medical faculty. Is it possible that Kansas City, Kansas, is so destitute of capable Medical men. But let that pass. We all know that the University Medical School has been out of touch with the medical profession of the State in more ways than one. Indeed the breach is getting wider in my judgment. But the most painful evidence is this—that the University goes outside of the State to carry on its Medical Department and finds its medical faculty almost en masse in the Missouri City, saying, in effect, that this is done from necessity—that Kansas must go to Missouri for Medical talent and for men competent to conduct a medical department. And this may be true, but it is painful to have it published to the world. How many of these men who are teaching in our University's clinical Department adorn our society's meetings, today or yesterday? They cannot be members of this society because they are residents of Missouri. In fact, the Medical Department of the University of Kansas is a Missouri establishment in every particular except in name and except that it derives its revenue from this state.

It seems to me unfortunate that this subject should come up at this time, but since it has been precipitated, and since the question must be faced sooner or later, I am in favor of a frank expression of our feeling in the matter. I at first felt that I would take no part in this discussion, for one does not like to risk having his motives misunderstood, and possibly incur the displeasure of good friends, but when it was intimated just now that Kansas had to go to Missouri with her Medical School, I felt that somebody ought to protest. I do not speak out of any personal disappointment, but I speak frankly and without trepidation just what I feel, and, if I can read your faces right, just what I am sure most of you feel yourselves.

Dr. Sawtell: I did not mean that Kansas City, Kansas, did not have any talent. There is perhaps no city in the State that

can furnish the talent she can. I want to be put right. I think we have as good talent, but it is not available. They cannot give up the time to go.

Dr. Dillon: It was very ill-advised that this question has come up. We have a Medical College here that we are proud of. I am also interested in the University. But it seems to me this is no place for the discussion of this question, and it is going to accomplish nothing but to bring dissatisfaction in the Society. I move that this be discontinued and that a time be appointed to settle this question.

Motion seconded.

The President: It has been moved and seconded that this discussion be closed and a committee be appointed to report to the Chancellor of the University, to answer any communication we may have had along this line.

Dr. Walker: This committee may be trusted to do something in a judicious manner. I think that the communication has come from the best of motives. This committee might tell Dr. Strong a few things he ought to know.

Dr. Davis: I move that a committee of three be appointed to confer with the Chancellor in regard to his communication.

Dr. Jones: I am in favor of that committee, and I think it should be increased to at least five members.

I believe it should be pretty well distributed over the State. There should be someone on that committee that is fairly familiar with conditions, and that possibly can furnish information to the rest of the committee that will enable them to approach the matter in a way that will do no harm and yet will be to the best interests of the Society. I am sorry the matter came up, but having come up, that committee should be a judicious one, but one that will present the matter to Dr. Strong, who is a fair man, in the light that will do the most good for the medical profession and the University.

A Member: I join all of you in the expression of regret that this feature has come up, but having come up, I believe in disposing of it. I do not believe in disposing of it in a slipshod way or giving it to a committee. If we have any function as a State Society, as represented by the House of Delegates, it is to dispose of matters of policy that come before us. This matter has been thrust upon us, and if a committee is appointed, I am in favor of instructing that committee. And, I would like to know where that committee stands, whether its views will be in accord with the sense of this meeting.

An amendment was offered that the Committee be composed of five members to communicate with the Medical School at this time.

Dr. Walker: This committee should let us know in a general way as to what their proposed action may be.

Motion again stated: That a committee of five be appointed to confer with the authorities of the State University in regard to the Medical School. Motion carried.

The President: The sentiment of this Society is very well known to the Chancellor, but he wants you to tell him what you want done.

Member: I have confidence in any five men who may be appointed, and believe that they would reflect the sentiment of this body before the Chancellor. I believe you can select men who will tell him the sentiment of the Society, whether for or against the present methods.

Dr. Walker: This is a matter for conference. There is not a fairer minded man than Chancellor Strong. I am proud of the University and I have a little interest in the Medical Department. I want it to succeed in the largest way because it is the Medical Department of the State University. We are interested in it out there as far west as Salina.

Adjourned until 9:00 Thursday Morning.

MEETING OF THE HOUSE OF DELEGATES.

May 5th, 9:00 A. M.

The following officers were elected for the ensuing year: President, O. P. Davis, Topeka; Vice Presidents, M. F. Jarrett, Ft. Scott; G. W. Jones, Lawrence; J. T. Axtell, Newton; Treasurer, L. H. Munn, Topeka; Librarian, S. G. Stewart, Topeka; Delegate, to A. M. A., O. J. Furst, Peabody.

Dr. C. C. Goddard holds over as a delegate to A. M. A.

The following is a list of the Councillors and their Districts, and the term for which they serve. Also a notation after the name of those elected this year.

1st District, C. W. Reynolds, Holton, 2 yrs; 2nd District, Preston Sterrett, Kansas City, 2 yrs; 3rd district, Hugh B. Caffey, Pittsburg, 3 yrs, elected this year; 4th district, W. E. McVey, Topeka, 1 yr. elected this year; 3rd district, W. E. Currie, Sterling, 1 yr; 6th district, A. D. Jones, Wichita, 3 yrs. elected this year; 7th district, F. M. Daily, Beloit, 2 yrs; 8th district, O. D. Walker, Salina, 2 yrs; 9th district, to be appointed by president; 10th district, E. J. Beckner, Seldon, 3 yrs, elceted this year; 11th dis-

trict, J. A. Dillon, Larned, 3 yrs, elected this year; 12th district, W. F. Fee, Meade, 3 yrs, elected this year.

Committee on Medical Defense Department reported, and the House of Delegates instructed them to have their report printed in the Journal, and the action on the same be deferred until next year.

House of Delegates instructed the Treasurer to present a plan of investing the money belonging to the Society to the Executive committee of the council at their next meeting. Motion made and carried that the Society appropriate \$50.00 to the Davis Memorial fund, and the secretary was instructed to send this amount to the Committee in charge of this fund. Motion made by Dr. Trueheart, and adopted that the Council take steps toward incorporating the State Medical Society.

Motion made and carried unanimously that a vote of thanks be extended to the citizens of Topeka, for their generous treatment, and to the Executive Council for the use of Representative Hall, for this meeting.

Amendment to Chapter 7, section 2, to strike out the words "House of Delegates" and insert the word "Council" in lieu thereof, was adopted.

The Auditing Committee made the following report:

We, your committee, to audit the books of the secretary and Treasurer, beg leave to report that we have examined the books of the society and find them correct.

H. S. HICKOK.

J. E. SAWTELL.

M. TRUEHEART, Committee

The following resolutions were presented and adopted:

Resolution I. Resolved, that the Kansas State Medical Society in session at Topeka, May 5, 1910, that our representatives in the Senate and House of Representatives, be urged to support the Owen Bill, creating a department of Health.

Resolution II. Resolved, that the chair appoint a permanent committee of three, to be known as the committee on Necrology, whose duty it shall be to make note and report to the society, all deaths of members during the year.

In compliance with the above resolution, the President appointed the following committee on Necrology.

C. E. Scott, Wichita.

C. F. Menninger, Topeka.

J. W. May, Kansas City.

The following resolution was adopted.

Resolution III. Whereas, Kansas boasts to the world of its educational, scientific and commercial progress, but owing to the fact that there are on the Statute books no adequate laws requiring the registration of births and deaths, and for this reason is not recognized by the Government as a registration State.

Therefore, be it resolved, by the Kansas Medical Society in formal session, on the Fifth day of June 1910, that they urge the Legislature to place on the Statute Books of our State, a standard registration law, and that we, as physicians, pledge our support to such a measure.

Resolution No. 4. Whereas, the physicians of Kansas lose annually vast sums of money by reason of inability of being able to collect from people who are able to pay, but who are protected by the very liberal exemption Laws of the state, and

Whereas, the law provides that these exemptions shall not apply against debts against certain classes of persons, rendering aforesaid service to their employers, and

Whereas, no service is of a more distinctly personal nature than those rendered by the physician, in the attempt to relieve suffering and save life, therefore be it

Resolved by the Kansas Medical Society in annual session assembled, that the legislature of the State of Kansas, be requested to add to the list of persons protected by provisions above referred to, the physicians of the State of Kansas.

Dr. S. G. Sewart, Librarian, made a verbal report that the Library was in good condition and well cared for.

The President appointed the following committee to confer with Chancellor Frank Strong, of the University, relative to the future policy of the Medical Department, of the State University.

O. D. Walker, Salina,
J. J. Sippey, Belle Plaine,
M. Trueheart, Sterling,
C. W. Reynolds, Holton,
D. E. Esterley, Topeka.

The council selected Kansas City, Kansas, as a place of the next meeting, date May 3, 4 & 5, 1911.

The council made the following organization: President, O. P. Davis, Secretary, Chas. S. Huffman, Executive committee, W. E. McVey, A. D. Jones and Preston Sterritt.

There being no further business to transact, the House of Delegates adjourned.

The Scientific part of the program began Wednesday Morn-

ing, May 4th and lasted until Friday Afternoon, May 6th. Papers will be published in the Journal during the year.

CHAS. S. HUFFMAN, Secretary.

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OBITUARY.

Edgar C. Fankin, M. D. Kansas City Medical College, Kansas City, Mo., 1888; a member of the American Medical Association; of McLouth, Kansas, died at St. Mary's Hospital, Kansas City, June 1, aged 57.

—o—
 Henry P. Maxson, M. D. New York Homeopathic Medical College, 1880; of Nortonville, Kansas; a veteran of the Civil War; died at the home of his son in Cunningham, Kansas, June 2, aged 71.

—o—
CLINICAL NOTES

In every case of fracture it is important to ascertain the condition of the pulse in the peripheral portion of the injured limb. Neglect of this precaution, especially after application of a circular bandage, may have the unpleasant sequel of gangrene. *International Journal Surgery.*

—o—
 Vesical hematuria is a condition that varies much, according to its causes. If it be due to stone in the bladder, it is usually moderate and it becomes apparent or increased by bodily movements. If this hemorrhage be persistent or profuse, and, is not influenced by bodily exertion, the fact points to the presence of a tumor as the causative agent of the bleeding.—*American Journal Dermatology.*

—o—
Removing Medicine Stains.—Stains of iodine are easily removed from the hands and linen by moistening them with ammonia or a solution of hyposulphite of soda.

Nitrate of silver stains are rapidly effaced by a solution of cyanide of potassium or of iodide of potassium. The yellow stains resulting disappear completely with hyposulphite.

Chrysarobin stain may be treated with chloroform or proof spirit, while that of resorcin is removed by a solution of citric acid.

Picric acid is amenable to a solution of sulphite of potassium, applied for about one minute, followed by washing the parts with soap and water.

The stains of pyrogallic acid seem to be refractory to all chemicals.—*The Medical Press.*

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No. 9

MEDIASTINAL TUMOR.

JULIUS J. TRÉTBAR, M. D., Hudson, Kansas.

(From the service of Dr. G. H. Hoxie, in the Eleanor Taylor Bell Memorial Hospital,
Rosedale, Kansas.)

Patient: Male, white, age 23; single. Occupation, Worked in lumber yard. Nativity, American. Previous weight, 170 pounds.

FAMILY HISTORY. Father and mother were born in Germany. Both parents living; father is well, mother is nervous and bothered with stomach trouble. Has two brothers and two sisters living and well. Grandparents were old and strong.

PREVIOUS ILLNESS. Had mumps, whooping cough, measles, chicken pox and small pox before the age of 13 years. Has had no venereal disease. Since the time of puberty he has occasionally had "spells" in which for three or four days he would have dyspnoea and depression. The parents thought it only a disturbance of breathing and did not pay much attention to it. At the age of eight years, he had pain in the left hip, followed by abscesses and running sores, located in the posterior external quadrant of middle of left thigh. These sores lasted for two years, when pieces of honeycombed bone came out. The sores then healed nicely and have given no trouble since. In July, 1909, patient was operated on in South Dakota for appendicitis. At the end of two weeks, he left the hospital and noticed a bloated condition of the abdomen and much belching of gas, also constipation. After three months he came under the care of another doctor who noticed abdominal tympany and shortness of breath. Two weeks later, he had a colic from eating and took to bed, where he has remained since.

The diagnosis of neurasthenia was made by the physician in charge. Patient had a morbid fear that he would be hurt. Nocturnal emissions and fears were frequent. The heart was irregular, ranging from 54 to 120. Respiration was irregular. Reflexes were sometimes slow and sometimes exaggerated. Indican was found in the urine. About this time under the care of another doctor, he was given antiseptics, strychnine, bromides, and essence of pepsin.

On December 7, 1909, patient was admitted to the Bell Hospital in a considerably emaciated condition, unable to walk or even to sit up. Examination showed a skin dry and scaly, with normal cremasteric and abdominal reflexes. Patellar reflexes diminished, but occasionally exaggerated. Right leg somewhat cataleptic. Ankle clonus slight. Skin sensation good. Eyes dull and expressionless. Pupils normal. Ears normal. Tongue coated and flat. Breathing slow and deep with an occasional extra deep inspiration not occurring regularly. Sternum quite prominent. Abdomen negative. Percussion of chest reveals an area of dullness over upper sternum, continuous with area of heart dullness and extending upward and to left of sternum for about an inch. Posteriorly, at nape of neck, an area of dullness could be made out, corresponding to the area in front, but not quite so marked on percussion. Vocal fremitus was slightly increased on right side. A friction rub existed over upper sternum and extended to right of right sternal margin. Patient speaks in a whisper but can pronounce clearly if he makes the effort, but it tires him quickly. He holds his finger between his teeth "in order to help him breathe." i.e., he must breathe through his mouth as well as his nose. Heart sounds are normal. Heart area is normal. Pulse is full and soft. No thrill over chest. Pulse, 58. Respiration, 16. Temperature, 97.8. Blood count showed red cells 6,860,000; white cells, 7,600. Differential count was not made. Hemoglobin 100%; Blood pressure 120.

URINE ANALYSIS. Specific gravity, 1027; acid; a few short hyaline casts; some squamous epithelium.

Subsequent examinations and records show the following:

December 14, 1909. Fecal examination showed small liquid stool. Odor not characteristic. Some meat fibres. Color, pale yellow. There was an excess of epithelium, probably due to the salts he had taken. Physical examination showed no difference from a week previous.

December 16, 1909. Second fecal examination showed small liquid stool and many cholesterol crystals.

December 27, 1909. Gastric analysis after a Boas test meal: Total acid, 70; free HCl, 36; combined HCl, 30; acid salts, 4. The X-ray at this time showed a shadow in the mediastinum corresponding with the physical findings. (see figure 1). The temperature had not varied much, ranging about 97.8. Respiration, 18. Pulse, 66. Diet had been at first restricted to milk, now it was semi-liquid. Patient received hot and cold fomentations on chest and spine on alternate days and Epsom salts enough to keep bowels in a good condition. He also received a tonic mixture of nux vomica, gentian and potassium iodide; also a 1-5 grain succinimide of mercury intramuscularly on alternate days. Obtaining no response or reaction from the mercury and iodide, after a few days the mercury was discontinued; and instead, atoxyl was given for its effect on glandular structures, in dosage of 1 cc of a 10% solution intramuscularly on alternate days. A more generous diet was given and hot air baths up to 225 degrees F. for 15 minutes daily. A week later, January 4, 1910, the hæmoglobin showed 80%; red cells, 5,620,000; white cells, 8,200; Polymorphonuclears, 76%; large lymphocytes, 5%; small lymphocytes, 19%; transitional cells 8%; eosinophiles 1%. Having seen no evident improvement now after a week's use of the arsenic salt, thyroid extract was prescribed in 5-grain doses t. i. d. About ten days later, January 16, 1910, hæmoglobin still stood at 80%. Red cells were slightly increased (5,800,000) as were also the white (9,000). Polymorphonuclears were almost the same (64%); large lymphocytes had increased from 5% to 11%; small lymphocytes decreased from 8% to 3%. Temperature was 99.4; pulse 100; respiration, 16. This increase of pulse and slight elevation of temperature were probably caused by the addition of thyroid in fair sized doses. The lymphocytosis is characteristic after drugs such as thyroid, quinine, pilocarpin, etc.

After being on thyroid extract for two weeks, the patient was given orchitic fluid tablets, in 20-grain doses per os for a week, which did not seem to agree very well with him as shown by the jaundiced eye balls, depression and more nervous manifestations. He was put back on thyroid, plus 1 cc. arsacetin, 10% sterile solution on alternate days. In addition the sinusoidal current was given 10 minutes daily.

While on the thyroid treatment, patient was improving gradually, but at the same time, he was receiving a stimulative and tonic treatment, as well as a nourishing diet.

January 19, 1910. Patient shows a moist skin. The abdomen is full and apparently normal. Skin reflexes good. Liver

and spleen not palpable. Kidneys negative. Eyes quite bright. Tongue clean. Sternal dullness does not extend to left and upward as high as when patient entered hospital. Breathing about normal, with an occasional deep inspiration. Vocal fremitus slightly increased in lower right lung posteriorly. Heart dullness extends well into sternal dullness. Heart sounds negative. Blood pressure 120. Patient's ability to speak aloud has been gradually improving, so that now he can speak aloud and it does not seem to tire him easily. He has gained gradually in weight since the time of entering.

On February 2, 1910, treatment was changed to the Roberts-Hawley emulsion of lymph and orchitic fluid hypodermically in doses from 10 to 18 minims, and a friction rub following a cold bath was given daily. This treatment was continued for several weeks, during which time the patient became more energetic. His general nutrition improved. He gained strength and weight quite



Fig. 1. Dr. Trethar's case—Dec. 14, 1909—(Plate at the back.)

rapidly. Some weeks as much as 4 pounds were gained.

After six weeks of this treatment, examination showed body well nourished; chest covered with fat and the sternal dullness very much decreased in size, but still present at junction of 2nd and 3rd ribs with sternum on left side.

Blood count showed red cells, 5,730,000; white cells, 8,600; polymorphonuclears, 62%; large mononuclears, 13%; small lymphocytes, 20%; basket, 2%; transitional, 2%; eosinophiles, 1%. This was practically the same as six weeks previously. This count would show that the orchitic fluid did not stimulate the lymphocytes as did the thyroid as shown by the previous examination.

Practically, the only difference in the blood was that we have



Fig. 2. Dr. Tretbar's case—at close of treatment—(Plate at the front.)

more hemoglobin, being 90% at this time.

The patient had now improved to such an extent that he was ready to leave the hospital. His breathing bothered him but very little. His general appearance was that of a robust young man who had never known illness. During his last three or four weeks he had been able to be out of his bed most of the time. During the last week, he did some work about the hospital, showing that his strength was becoming quite good.

His face had more expression and color. He did not have the sense of bashfulness which he had when he came into the hospital; nor did he at this time manifest the excitability on examination which he did previously. The dullness had decreased until now it was as shown in Figure 2.

DIAGNOSIS.

Returning now to the matter of diagnosis of our case, we have a variety of conditions which may cause a tumor in the location as above mentioned.

Among the possibilities for consideration, may be mentioned thyroid involvement, persistent thymus, status lymphaticus, diseased mediastinal or bronchial glands, such as those caused by tuberculosis, Hodgkin's disease, etc.; even pulmonary tumors must be considered, as well as aneurysm.

An enlarged thyroid may pass below the sternum, having as its main symptom, cough (due to pressure on the laryngeal nerves.) Accessory thyroids may exist anywhere from the root of the tongue to the arch of the aorta. In the mediastinum, they may form large tumors, but in nearly all cases cough is present.

Persistence of the thymus gland is occasionally met with after the age of 15 years; but for this an explanation cannot be given. Its existence according to Osler can be determined by an area of dullness along the left sternal border, from the second to the fourth ribs. The size varies widely, so that it is difficult to distinguish between persistence or enlargement but a large thymus may greatly interfere with the structures of the thorax. A direct relation seems to exist between the thyroid and thymus, as shown by the persistence of the thymus in Graves' disease, noted by Ord and Mackenzie in all the cases examined in St. Thomas' Hospital. This statement seems to be borne out by good effects seen in feeding thymus gland in Graves' disease. An enlargement of one of these organs therefore during life seems to be compensatory. Various mediastinal tumors originate in the remnants of the thymus, such as dermoid cysts

and tumors. Tuberculosis of the gland is met with. With the compression caused by the pressure on the vital structures, death usually ensues. In many cases, the symptoms of laryngismus appear. Many cases call for tracheotomy and removal of part of the organ. Status lymphaticus is met with more commonly in younger patients. The lymph glands and lymph tissue throughout the body (spleen, thymus, bone, marrow, etc.,) are in a state of hyperplasia. Pharyngeal, thoracic and abdominal glands are most affected. The spleen is usually slightly enlarged. The thymus is enlarged, as is often also the thyroid. The thymus in these conditions may attain a length of 10cm. The diagnosis is not always easy, but usually there are enlarged superficial glands with hypertrophied tonsils and dullness over the sternum. Quincke believes that in nearly all cases the left ventricle is dilated and the peripheral arteries are smaller than normal. These subjects also have a pale and pasty complexion and are usually fat and flabby. This condition is called by Blumer lympho toxæmia; and is due to over production of the internal secretion of thymus.

Of the diseased bronchial glands, the most important lie in the bifurcation of the trachea. The smaller glands follow the course of the bronchi. Enlargement of these may occur in children or in adults without symptoms. The following diseases may affect them: (1) Severe acute bronchitis; (2) Scarlet fever; (3) Measles, whooping cough, and typhoid; (4) Broncho and lobar pneumonia; (5) Pulmonary growths; (6) Mediastinal, or by metastasis, remote malignant growths; (7) Hodgkins' disease and leukemia (especially the lymphatic form), (8) Pulmonary tuberculosis; (9) Malignant diseases of the abdominal structures. Of these various causes, the greater number in children are due to tuberculosis. Many of the enlargements of the bronchial glands are symptomless. In some, the pressure symptoms in the mediastinum are most marked, together with physical signs chiefly observable in the interscapular region and upper sternum, such as the case under observation shows. The signs are usually more or less indefinite, occurring as they do in areas most unfavorable for percussion or auscultation.

In considering tuberculosis of the lymph glands, or tubercular adenitis, one may expect to find it at all ages, although it is more common in children. A special predisposing cause to this form of adenitis, is catarrh or inflammation of the mucous membranes of the respiratory tract; as an inflammation of this nature may in itself cause a slight adenitis of the neighboring glands.

As is well known, the tonsils are a favorable portal of entrance. The frequent association of tuberculous adenitis of the bronchial glands with whooping cough and measles must also be borne in mind. Some of the interesting features in tuberculous adenitis are (1) the local character of the disease. Thus, the glands of the neck, or at the bifurcation of the bronchi, or those of the mesentery, may alone be involved. (2) the tendency to spontaneous healing. (3) The apparent protection which scrofula in childhood seems to give against tuberculosis in adult life. (4) Tuberculosis in the bronchial glands may attain the dimensions of a tumor of large size, "but even when this occurs, there may be no pressure symptoms," says Osler. The blood picture in these cases is usually interesting, as we may have a slight leukocytosis, as well as a leukopenia.

In thinking of Hodgkins' disease, one expects to find the superficial glands to be most involved. The usual route is from the cervical glands to the axillary and mediastinal. The masses may go below the pectoral muscles or below the scapula. Of the internal glands, those of the thorax are the most involved; and the tracheal and bronchial may form large masses. Here again, as in other mediastinal tumors, the classical symptoms are described as: paroxysmal cough, attacks of pain, dyspnoea, and sometimes cyanosis; disturbed heart action, and papillary changes. But here an important aid in diagnosis is the enlarged spleen which occurs in 75% of cases. The red cells rarely go below 2,000,000; and we usually have a slight leukocytosis, or only a transient increase. The small mononuclears may be much increased. Temperature varies, but emaciation usually follows. The hemoglobin should be low and the polynuclears decreased. Lymphatic leukemia would be ruled out on white count.

Pulmonary tumors may be mentioned as they are occasionally met with. But both carcinoma and sarcoma are rare. Carcinoma of the lung is most common in middle life and may be symptomless for a long time, the location being the principal factor. Cough may, or may not exist. The pressure symptoms are usually those of aneurysm. The growth, when large enough and accessible, gives percussion dullness, usually without tubular breathing and increased fremitus.

Aneurysm of the aorta is not of uncommon occurrence; and its characteristic symptoms of expansile pulsation, thrill, diastolic shock, tracheal tug, pain, bruit, etc., need not be further described in this case.

Bearing in mind the other findings in this case, we must con-

sider whether or not there is an element of neurasthenia, as was first thought; or if there be some hysteria to help account for symptoms as they present themselves.

In neurasthenia, the symptoms are those of an unstable and irritable nervous system. Insomnia, cerebral pressure, and headache usually appear. Fits of restlessness and emotional crisis occur. Many shun society and have morbid fears of various sorts. Practically every organ in the body may be the apparent source of symptoms closely related to those of organic disease. Neurasthenia is very often a sequence of disease. The loss of muscular power may be so great as to be entirely lost. Reflexes are usually increased. Pupils are generally normal. In the the sexual form of neurasthenia, there is an irritable weakness of the sexual organs manifested by nocturnal emissions, unusual depression after intercourse, and a fear of impotence. The mental condition is much below par.

In hysteria, we have two forms to consider—the convulsive, and the non-convulsive. In the convulsive type, four stages are usually described: (1) The epileptoid attack; (2) Clownism and cataleptic poses; (3) Certain attitudes are assumed; (catalepsy); (4) Patient returns to consciousness, or delirium.

In the non-convulsive, any type of paralysis is assumed and simulated. Motion of the legs is often lost and they will not support the patient. Reflexes may be increased, but knee jerk is usually normal. Pain in the back is nearly always complained of.

Of disturbance of the respiratory rhythm, the most common is exaggeration of the deeper breath, normally the 6th or 7th or a catchy breathing. In what is known as the "syndrom of Briquet" there is shortness of breath, suppression of the voice, and paralysis of the diaphragm. Aphonia is frequent and may persist for months or years without other special symptoms of the disease. Of the stomach symptoms, there are usually loss of appetite, followed by regurgitation, vomiting and finally much emaciation. The skin becomes wasted, dry, and covered with bran-like scales. The patient may have a rapid action of the heart on the slightest exertion with or without subjective symptoms of palpation. A slow pulse is less frequent. Flushing in various parts of the body is a common symptom; and sweating may occur. The urine shows no change in the non-convulsive type. Temperature is usually normal; but Osler reports a case where the temperature went up in the afternoon to 102 and 103 degrees for several years.

Having now, more or less clearly before us, the various con-

ditions with their accompanying symptoms, we must arrive at a conclusion by a system of exclusion.

If the thyroid gland were involved in such a way as to produce a hypersecretion, we should expect such symptoms as tachycardia, muscular tremors, palpitation, etc., with or without enlargement of the gland. If the opposite were the case, a condition of cretinism would be the result, with the symptoms of myxedema. But since practically none of the symptoms were present, we must exclude an involvement of the thyroid.

Considering now the possibility of the involvement of the thymus gland, whether persistence, enlargement, or tumor, or other affection of the organ, we may say that it is very reasonable to believe that this organ might have been the one affected. Our reasons for believing that this gland might have been the source of trouble, are the following: We find that a response to thyroid extract occurred, when before the system had not responded to other drugs. Then for a short period of a week the patient received other medication, which disagreed with him, producing nervous phenomena and depression of spirits. Putting him back on thyroid again, improvement was noted. If we agree with Ord and Mackenzie as to the relation of thymus and thyroid, this result is exactly what should be expected. Furthermore, the area of dullness in the chest was decreasing gradually in size. From the point of anatomy, an enlarged thymus would be expected to interfere with those organs supplied by the branches of the pneumogastric nerve, rather than the structures supplied by the phrenic nerve. If the cervical cardiac branches of the former nerve are pressed upon enough to stimulate it, we would expect a slowing of the heart; and if pressure were stronger, a depressant or paralyzant would be the result. Thus, the heart action in this case could easily be accounted for. Likewise, a stimulating of the pulmonary branches causes the increase in the pulmonary rate. If the phrenic nerve were involved, the pressure would effect the pleura and pericardium; and through the muscular branches, would paralyze the diaphragm. Lastly, that the spells of dyspnoea and depression were noted, on and off, at irregular intervals since puberty,—all tending to point to an abnormal condition of the thymus gland, rather than other structures in this region.

As previously stated, enlarged lymphatic glands of the mediastinum may cause symptoms almost identical with those just described. Of the diseases of these glands, the ones that should be here considered are Hodgkins' disease and tuberculosis. And,

as pointed out above, the blood picture and physical findings in other parts of the body would practically exclude Hodgkins' disease.

If we remember that at an early age, our patient had an abscess and sores on one thigh, which lasted for two years, we would naturally think of the possibility of tuberculosis, although such a diagnosis had never been made. It is true, as already, stated, that such tuberculous mediastinal glands may be practically symptomless. Yet, with a careful study of the case for several months, one would expect some out-cropping of evidence to lead one to at least, a probable diagnosis of such existence. But all symptoms are negative. We noted no daily rise in temperature, no night sweating, no characteristic lymphocytosis, no valuable pulmonary findings; and in fact, nothing to which one could even attach a fair suspicion. With such evidence before us, we must confess that here there is no proof for tuberculosis.

Conclusions. From the physical and clinical findings there is hardly evidence enough to justify one in making a positive diagnosis. But as a matter of consideration, it seems more probable that the tumor encountered in the chest is one of mediastinal origin, benign in nature; and either of thymus or lymphatic origin.

If we make our diagnosis on therapeutic tests, it would seem that we have a disturbance of internal secretions, as shown by the more rapid response when treated by the extracts of the organs which are supplied to produce these internal secretions.

The mediastinal condition might be sufficient to account for all the symptoms; but it is more likely, considering the history of the patient, that a degree of hysteria also existed.

THE PHYSICIANS CONNECTION WITH PHARMACEUTICAL HOUSES, FIXED FORMULAS, ETC.

DR. B. R. RILEY, Benedict, Kansas.

Read before the Kansas Medical Society, May 4, 1910.

It is not the intention of this paper to present anything new or startling of a scientific turn, nor to startle the Kansas Medical Society with the eloquence of a second Ingalls, but it is the object to so apply the noted hatchet so that the knocks may be plainly seen. The object of this paper is to place before us some of the common things, seen by a common man in general practice, and leave it for what it is worth that we may change our ways, if

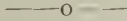
we deem it necessary. The tendency of the profession of today is to replace rational medicine, and scientific treatment, by the adoption of a form of treatment, advanced by, and advised by the pharmaceutical and drug houses, instead of relying on our text books, or ourselves. For this reason we are retrograding, on the decline in a way, and it is right that we should be very careful, not to be but in the same class with, and looked upon as only an equal of the driver of some patent medicine wagon, that makes a house to house canvass. We often wonder why such so called modes of treatment is in vogue as Christian Science etc., but if we stop to think of the physicians connection with the pharmaceutical houses and their fixed formulas, special compounds, etc., and our disregard for the medical teaching and training, we have received we can hardly wonder that such things exist. We had better revert back to prescription writing, and by so doing resurrect what little is left of our so-called scientific treatment, and we will do well to forget the advice of men who are venders of fixed formulas, prices, and directions, and begin to appreciate the fact that over all we must first to our own selves be true. Each day brings the general practitioner more closely to the pharmaceutical house and tends to sever and replace his own ideas of treatment, by suggesting certain changes, which are out of the ordinary, unheard of before, and will in time replace scientific prescribing, by the laity going to the nearest drug store, and buying the same product that a year or so ago, his family physician suggested as being the ideal remedy. The physician's table is strewn with such trash as the manufacturer made seem catchy enough to advertise by sending by mail descriptive literature, so that the physician may be able to prescribe just what they suggest, or if he does not take an interest in the literature mailed him, he can throw it on his table in the waiting room, to be gone over and accepted by his patients, and thus save the physician the trouble of prescribing, the patient a fee, and the undertaker a job probably. The people are not to blame, the pharmaceutical house is not to blame, but the doctor should by this time be able to control such things, by burning such literature and not placing it where it can be read by an uneducated mind. When we walk along the street and view a window which has been made attractive by skillful dressing, done by a specialist in his line, we stop and our eyes are employed and then our mind, as to whether or not we need such goods, so it is with the people, they are ailing and we offer them literature that has been prepared by a specialist, and it appeals to the patient, because it was sent the Doctor,

and he or she accepts it. We are all aware of the great good, that has been ascribed to the use of denver mud, and similar preparations, and yet I have been unable to find a mention of it in our text books on treatment, yet so noted a Journal as the Kansas State Medical Journal, has an advertisement in it that says it is the ideal material for a tampon, and goes on to tell the physician (and the patient, for it is left on the doctor's table) just in what way to use it. I have the first time to see any such preparation, be of the least benefit, and yet I have used it as the rest of you until I was ashamed. But I can truthfully say, that I only used it as a placebo. Placed in a conspicuous place in almost all Medical Journals, is a picture of a nurse applying a plaster of mud, and underneath it is the suggestion and we are easy, open to suggestion, and so are the people at large, if you don't believe it, ask your druggists if he sells more mud with or without a prescription. A man in general practice, is given a chance to re-educate himself by representative agents on the original and only think tank in existence, a house that may be has made the doctor famous, as a "has-beener" or an "is-waser". Agents who reel off the lenqual extremity, the redeeming features of some of the pharmaceutical preparations prepared for physicians only, such as a cold tablet, a special tonsilitis tablet, a cystitis tablet, a certain laxative has been found, that thoroughly antiseptizes the entire intestinal tract, and by thus doing the sterilizing act we are able to cure fissure in and by daily massage of the parts by sterile fecal material and thus produce a cure. A short time ago, one of these men called upon me, and out of 140 bottles of sample tablets in his case there were only 24 single drug tablets, and not that many, if Dover's powder, acetanilide comp. and one or two other similar ones taken out. If any physician will take the trouble to look over the ordinary drug catalogue, and study it, he cannot help but be impressed with the idea that the fixed formula should be condemned. If you are true to the teaching of the present day authorities, and if you will look through any work on practice, you cannot help noticing how they shun a fixed formula, except it be something like "Basham's mix.," "Doubel's sol." or the elixers. and after giving these statements, or rather after looking at the drug catalogue, and comparing it with the treatment advised by our works on therapeutics, one must condemn fixed formulas. When any physician styles himself an M. D., and gives nerve seditive tablets to his nervous patients, "Aikens Tonic" to his anemic and convalescent patients, infant anodyne tablets to a crying babe, and a thousand and one

such remedies to patients for conditions requiring medicine, he lays the gate open to his professional exit in the coming generation of physicians; and paves the way to a lucrative business for his particular pharmaceutical house. The people are inquisitive, and even if you dispense they will in time find you out, and buy the fixed formulas of the nearest druggist, whether indicated or not, and I really think their judgment, just as good at selecting such remedies, as the doctor who gives them. For instance take listerine, and a few years ago doctors used it in their practice, now doctors don't, but the people do. "Cascaret Cath. Hinkle" tablets have become so generally known by the people today, that it is sold more often without, than with a prescription. I do not wish to distract one single honor, nor to take from any honest pharmaceutical concern, any honor due them, which honestly tries to help the physician, but do they help us by putting out such formulas, and does the physician treat the house on the square, when he buys them. When a man enters your office with a can of dope, said to cure eczema, and you buy it you are lower than the man who manufactures such dope. 'Because you know better or should, and he don't. If a man is selling such things, as unguentine and tells you about its virtue, treat him as you would the man who has the remedy for eczema, call him down hard, and the house will quit making it. The doctor is the one who supplies the demand first, then the people. A few years of honest buying by the Physician and such things as "Kidney Tablets," "Anticonstipation" and "Intestinal Antiseptic Tablets," and the like will disappear from the catalogue of the drug houses. We should endeavor to be honest with ourselves, honest to our patients, and honest to the drug and pharmaceutical houses, honest with ourselves by curtailing the fixed formulas in tablet form, and the so-called propriety preparations, but should we know of any special formula that we honestly think is alright, use it, but with discretion. Be honest with the patient, by being sure his case needs the same preparation, and in the same dosage. Be honest to the drug house, by not making a practice of buying such things as fixed formulas preparation, for should you buy, they will soon think it the only treatment, and so advise other M. D.'s. The greatest trouble, as I see it is, that most of us are trying to follow out the suggestions given us by representatives of the pharmaceutical houses and shirking our duty by trying to graft the pharmaceutical houses treatment, on to our cases, without due regard to the patient. We would do more good as physicians, if we were to understand the application

and action, of a few drugs, than to have a multiplicity of errors, by following the beaten path of the fixed formula. We would know better what to ascribe our success or failure to at least. The formulas advertised in the press by the American Pharmaceutical Association and filled by the local druggists, is equaled by the fixed formula physician. There are certain fixed formulas, which we might modify by terming them combination of drugs, that has been in the past, and will be for sometime to come used by all of us, but we, as Physicians will do well to lessen rather than increase the number of such combinations. I am afraid that the dispensing habit is more responsible for the existing state of affairs, than most of us are willing to believe. Prescription writings has its draw-backs, but nothing can equal the evil results of injudicious prescribing of fixed formula tablets, and propriety preparations as a class.

I have tried in presenting this paper only to outline some of the few faults that we have, and maybe I am wrong, I maybe overdrawing, but I am satisfied with this one conclusion, that men who use fixed formulas can never hope to advance in scientific treatments.



THE SYSTEMIC EFFECT OF DISTURBANCES OF SOME OF THE GLANDS HAVING INTERNAL SECRETIONS.

DR. F. H. SLAYTON, Wichita, Kansas.

Read before the Kansas Medical Society, May 4, 1910.

The announcement of the theory that an internal secretion, or an active principal of a ductless gland, was an important element in the relation of health and disease was received at the time with derision.

Back in the ancient times, the use of various glands of the body and their secretions was thought to be beneficial in certain ailments. Youth was supposedly restored to the aged and senility with its decline of bodily functions was combated by the use of these vital glands. The recognition of the fallacy came with a more exact science, and it was abandoned largely. Later when the work of Brown-Sequard, and a few others was given to the scientific world, the derision was natural, since they argued that it was a step backwards rather than forward. While this was the attitude assumed by the majority, other investigations were incited to a renewed study along these lines. Sir Wm. Gull and Murray, with others after careful investigation proved the value

and logic of Brown-Sequard's work, and approved his conclusions with some restriction. They stated and offered proof that every gland of the body, whether an exit existed through a duct or not, was intimately concerned in the functions of the body, and that they probably produced a secretion which was necessary to the bodily economy.

Since, then, research work along these lines has increased, until today our literature contains abundant reference to this subject. I do not hope in this paper to present anything original, nor to educate any new theorem, but to present the subject of internal secretions as a possible etiological factor in some cases in which we diagnose another condition, and to attempt to show their relationship to some clinical disturbances.

An example may illustrate the necessity and importance of more consideration of this subject. A physician's wife in an Eastern state was suffering from an apparent eye trouble. She was taken to a prominent eye specialist, who operated for glaucoma. Relief did not follow, and to correct the persisting symptoms, she was then taken to a gynecologist, who after a pelvic examination ordered her prepared for an operation. The physician however, after taking the history and making a physical examination, suspected that there existed a condition of Graves disease. Advice was then obtained from a nerve specialist, who pronounced it to be undoubtedly a case of Graves disease, and no operation was held. The inference is plain that the eye man erred and that the gynecologist barely escaped a blunder and further that a careful examination with a consideration of signs and symptoms other than directly complained of was not carried out. Other instances could be given where errors have been made, but one should suffice.

The thyroid has been the most thoroughly studied of the so-called ductless glands, and we know most concerning its function. It is generally conceded that a hypersecretion of this gland is the cause of condition known as the exophthalmic goitre. The four cardinal symptoms and the course of this trouble are known to you all. But there exists oftentimes a hypersecretion in which all four symptoms are not present and only one or any combination may be recognized. Most text books teach that the four symptoms must be present in order to diagnose exophthalmic goitre, and yet the concensus of opinion among the prominent clinicians is that both the goitre and exophthalmos can be absent in a given case.

There is a class of cases which might properly be considered

as incipient Graves disease, and that if allowed to run they terminate as typical cases, or stop just previous to becoming so. They present symptoms fairly uniform and seem to be characteristic. Rogers best describes this incomplete form and states that one of the earliest symptoms is fatigue, with an extreme irritability. The least contradiction or annoyance throws the patient into a state of excitement out of all proportion to the provocation. Fear, or a sense of uneasiness and unrest is usually present as in insomnia. Such a patient at one time is extremely brilliant mentally, and at another is dull and apathetic, and seems incapable of sustained mental effort. Weakness of the muscles may be noted with dyspnoea upon exertion. A variable degree of melancholia may be present, and sooner or later the emotions and nervous condition dominate the patient.

The heart is described by him as thumping excessively and that he is conscious of it most of the time. A tachycardia is usually present. The digestive organs may be greatly disturbed, diarrhoea and constipation alternating with some fermentation and poor appetite. These symptoms may be so prominent that we may be misled into treating them alone. Rogers further ascribes as a cause, some shock or grief or a period of prolonged worry or mental strain. The patient may have been called upon to undertake new and unusual duties with the attendant responsibility.

While admitting that these symptoms are common to some other diseases, and to a degree are indefinite, nevertheless one gets a fairly typical picture of an individual with certain neurotic disturbances, some vasomotor changes, and a disorder of the digestive system. These cases show marked improvement following the use of thyroid extract, and under proper treatment there is a diminution of symptoms, but left alone, the cases usually terminate as Graves disease.

Cretinism, and myxedema are known now to be due to a hyposecretion of the thyroid, and the conditions due to the hyposecretion of the thyroid, according to Osborne, are obesity, adiposis dolorosa, sleepiness, mental apathy, dryness of the skin, chronic eczemas, digestive disturbances, slowing of the heart, increase of blood pressure and amenorrhoea. We know further that the thyroid must functionate properly to develop normally the body and mind of the child, and to balance the mentality of the adult. It is intimately concerned in the metabolism of the body. In a hyper thyroidism there is an increased consumption of both nitrogeous and non-nitrogeous substances, but especially

the former, and a removal of a portion of the gland restores the equilibrium. Krehl shows also, that fats and protieids are consumed more rapidly when thyroid extract is administered. Again the thyroid enlarges and seems more active during menstruation and pregnancy. Halstead showed experimently that there was a greater demand upon the thyroid during pregnancy and states that an explanation would be that as the fetus has no iodine, the thyroid may supply it. The gland atrophies in old age following the decline of sexual life.

A relationship between eclampsia and the thyroid is believed to exist, and it seems reasonable. One generally accepted theory of the etiology of eclampsia is that it is a disturbance of metabolism, a failure of the system to eliminate toxins. Recalling the increased consumption by the system of the nitrogenous substances in hyperthyroidism, or upon administration of thyroid extract, and the activity of the gland during pregnancy, it seems logical as Richardson says, that a relationship does exist between the thyroid and eclampsia.

The parathyroid glands are now recognized as exceedingly important. Their secretions are very active and bear a close relationship to the thyroid. They seem to have a function in neutralizing the toxins of the body, and are also concerned in metabolism. Much interesting work has been done on them, showing their connection with tetany, and convulsions, epilepsy and paralysis agitans. When the glands are totally extirpated in man death ensues; where partially removed, the train of symptoms are relieved by the administration of thyroid extract.

The pituitary body has been a field of recent investigation, and a few facts have been established concerning it. Its two lobes differ markedly in structure and function. The anterior lobe cannot be removed without causing death, while the posterior may. A disturbance of this secretion produces gigantism and in the young causes a persistence of infantilism. It is also closely related to the thyroid gland.

Much more might be written concerning not only these glands, but the pancreas, suprarenal, ovaries and testicles as well. Proof seems conclusive that these structures must functionate normally to develop and maintain a normal being. Interference with the physiological activity produces a definite train of symptoms in every case. Arguing conversely, if we find these various groups of symptoms, may we not logically assume the cause to be a hyper or hypo activity of these secretions.

Chronic headaches of unknown origin, many of the so called

nervous prostrations, some of the toxemias and auto-intoxications may be explained on these grounds; and it is not unreasonable to believe that this field will produce more and more knowledge of these phenomena as the days go by, and will eventually solve some of our problems.

IS INSANITY ON THE INCREASE.

DR. J. N. HILL, Osawatomie, Kansas.

Read before the Kansas Medical Society, May 6, 1910.

With the institutions for the insane of this and other leading countries crowded to overflowing, it is believed that a paper on the subject, "Is Insanity on the Increase", should hold something of interest for every medical man in the state.

Since the burden of expense for care and treatment of the insane falls on the taxpayers of the country, they too have a perfect right to inquire into the causes of insanity. And if they do not call on the physician for statistics concerning the same, they will of necessity turn to him and the sociologist for the remedy.

To show how seriously this matter is viewed by those who are in close touch with the work I wish to quote from the report of the Kentucky State Board of Control which sent out the following earnest appeal. It is the business of this Board, as we well understand, to administer to and have general supervision over insane persons committed to our care; and yet, our position brings us in such daily contact with those most afflicted of God's creatures and so frequently suggests the question, over and over, how can all this, or at least a great part of it be prevented? that we are constrained to speak briefly in answer to this question with the hope that we may attract the attention of some Legislator, some benefactor, some society, some influence, some power that may take the matter to heart and out of the abundance of his heart and mind evolve a law,—a remedy that will prove a blessing to humanity in preventing the ever growing increase of insanity in Kentucky.

Many writers, in attempting to answer the important question, "Is insanity on the increase?" have endeavored to do so by use of statistics alone—statistics showing the number of insane confined in the hospitals of a country, along with the population, and figuring the percentage therefrom. By making comparison with figures covering another period a variation is shown.

With a few decades intervening, figures obtained in this way invariably show a great increase in favor of the more recent date.

Most writers agree that insanity is on the increase but not to the extent that figures obtained in the above manner would indicate. Therefore, they set about explaining away some of the apparent increase, charging it to errors, varying conditions, etc.

In this way some observers have endeavored to account for the whole of the gain, believing there has been no actual increase. In this connection, in a spirit of fairness, I shall quote the writings of two investigators holding opposite views on this subject. These are representative articles. They deal with the same countries and for this reason are all the more interesting. I quote them at length since they serve to point out some of the sources of error giving rise to false statistics from which incorrect conclusions are drawn.

The first article (Year Book, Pract. Med. Series 1907, Vol. 10), is based on and in part is an extract from the writings of G. H. Savage. An editorial comment on the article of Mr. Savage says; "The author's conviction is that there is a steady increase in the insane, which is definitely related to the progress of civilization."

He points out that many cases of senile insane which formerly remained at home are now sent to the public institutions. Also that there is considerable increase in insanity due to brain intoxication, (Paretic Dementia, etc.). That insanity of the truly neuropathic lends to the increase and that there is an increase in both mania and melancholia. Dementia, he says, is increasing particularly in the aged and possibly in the young. Mr. Savage believes that the causes of insanity bear upon the increase, the three principal ones being hereditary predisposition, alcoholic excess and influenzal poisoning.

The following statistics are then quoted. "In January, 1906, there were 121,976 certified patients in England, this being an increase of 2150 over the year 1905. This rate of increase is less than that of the average increase for the previous five years, which was an average yearly increase of 2807, the average increase for the ten previous years being 2554. If we compare the returns of the certified insane in 1859 with those of 1906, the numbers are startling. In the former year in England and Wales there were 36762. Now there are 121976, an increase of 231 per cent, while the population increased during that period only 75.4 per cent. The ratio of certified patients to the general population

in 1906 is one to 283; that is, 35.31 to every 10,000 inhabitants; whereas in 1859 it was only 18.64 per 10,000. The Scotch Commissioners this year give an account of the increase since 1858, in which year there were 5824 certified patients, whereas on January 1, 1906, there were 17450, showing an increase in nearly half a century of 11,606. This increase is confined to the general public asylums, there being a decrease of 624 in the residents in private asylums. In Scotland during the last three years there has been a decrease of insane persons in proportion to the population, for the first time since 1858. Among the causes of total increase of admissions are the large number of senile cases from infirmaries. In Scotland, as elsewhere, the struggle for existence render it more difficult for the poor and healthy to maintain the feeble and insane in their own homes, the residence of such people interfering with the wage earning capacity of the family. It is note-worthy that—whether there is an increase in other forms of mental disorder or not being doubtful—there is in Scotland as well as in England, a marked increase in the number of general paralytics. Not a quarter of a century ago the numbers were quite small; now they are large and increasing."

The second article is that by Noel Humphreys on "Alleged Increase of Insanity." (Extracted in Year Book, Prac. Med. Series, Vol. 10, 1908). He says: "It is common knowledge that only a certain portion of the mentally unsound come within the purview of the Commissioners of Lunacy and this reserve of uncertified cases is a constant and variable source of error in attempts to estimate the prevalence of mental disease. The first census in which mental defect was scheduled was that of 1871 all forms being grouped together as lunacy, idiocy, imbecility and the result was a return of 39,567 lunatics, 29,452 idiots or imbeciles. In 1881 and 1891, in answer to the same question, the total given rose first to 84503 and then to 97383; the proportion being 3039, 3253 and 3358 per million respectively. In the report on the censuses the opinion was expressed that the figures were probably understated, but that a nearer approximation to the true number was returned at each successive enumeration. In 1901 a change was made in the schedule whereby the term "idiot" was replaced by "feeble-minded" and in that year there was a very large increase, (132564 or 4078 per million), in the return of mental unsoundness."

Mr. Humphrey says: "From this reserve of uncertified mentally unsound persons the number of certified are continually being recruited. He points out that the accumulation of the

insane gives rise to the impression that there is an actual increase. A diminished death rate tends to swell the number. Another important factor giving an increase in the insane population is the transference of cases of senile decay, homeless aged inmates, etc., from workhouses to institutions. Another reason given is that people are convinced as to the advantage of hospital treatment. They now fully appreciate the fact that there is danger in trying to keep them at home and oftentimes great discomfort as well. Some are sent to institutions for financial reasons.

It is Mr. Humphrey's opinion, that there is no absolute proof of actual increase of occurring insanity in England and Wales.

At this point we are thrown on our own resources so far as as these two writers are concerned: Since one of the two must be mistaken in his conclusions and we are left in doubt as to the answer of the original question I would propose that we seek it by another route; and though it may seem less direct, I believe it to be the more logical and productive of more accurate results.

I would base my findings on the study of the various etiological factors which have to do with insanity, studying each of these and observing whether a factor is increased or decreased in one period over another; studying it in its various phases—paying particular attention to those factors contributing a high percentage, as is the case with alcohol and syphilis.

The causes of insanity may be spoken of as predisposing and accessory. The first named we have divided into general and individual predisposing causes. In treating these causes -I will be obliged to go over them somewhat hurriedly and shall endeavor to bring out the salient features along with certain facts that in my mind argue for or against the supposed increase.

According to the outline given by Krafft-Ebing, we have under the heading of General Predisposing Causes.

Civilization: He says that medical science asks two questions. "A. Is the increase of mental disease (as shown by statistics) actual or only apparent." And in case this is answered by the affirmative. "B. By what factors is it induced?"

First, we realize that the older the statistics the less reliable they are as a rule. Improved methods of diagnosis and better care of the insane today bring more cases to light. These with improved methods of management prolong life and therefore increase their numbers.

Krafft-Ebing says: "But all these sources are not sufficient to explain the fact that in all civilized countries the number of insane has almost doubled. In England, for example, from

14500 in 1849 to 30,000 in 1866. This drives us to conclude that there has actually been an increase and if this increase has not been so great as it seems, still it has been sufficient to cause apprehension."

We find that some conditions of civilization argue against the increase of insanity. Among these are mentioned better food, better dress, more comfortable quarters, education giving religious and intellectual improvement, etc. But, on the other hand, growing out of civilization, we have a number of conditions that tend to counteract the good effect just spoken of. Among others we have education (before named) as a result of intellectual improvement, a higher station in life is attained implying increased responsibility and calling for a greater expenditure of nerve energy.

Modern civilization with its more complicated life calls for greater exactness in living. With the tide of population moving toward the cities, where conditions of life are made worse rather than better, we have its attendant evils in moral decline, predisposition to disease, plus disease itself, social evils, greater competition and consequently a harder struggle for existence. Pauperism, degeneracy and crime are natural outgrowths.

The present age calls for increased activity of the brain (generally speaking) over that of any previous age. This increased activity may be said to extend from "the cradle to the grave." All of this calls for a finer organization and an increased susceptibility to all forms of stimuli affecting that organ. Overstimulation, followed by nervous exhaustion with temporary or permanent impairment, becomes a matter of easy consequence.

Increased brain activity calls for an increased circulation (cerebral), this alone predisposing to certain mental diseases. It is a well known fact that general paralysis (paresis) following syphilis occurs much more frequently in those with active brains—professional men, etc.,—than in those leading a less active mental existence.

As a result of the increased demand made on the brain in civilization, man seems to have looked wistfully about—as some do today in a slightly different sense—for some artificial stimulant. This he found in alcohol, tobacco, certain narcotic drugs and our common beverages, tea and coffee. Chief of these is alcohol which will be given special mention under the heading of accessory causes.

NATIONALITY AND CLIMATE. Statistics of insanity of the various countries lack uniformity since they are not gath-

ered from the same standpoint; however, those dealing with civilized countries show but little variation in percentage of insane. According to a number of writers, there is one insane individual to about every three hundred population.

Since nationality includes race, manner of life, employment, government, religion and the varying degrees of civilization and morality, the study of its effects is somewhat complicated. With reference to race I wish to call your attention to our American negro. With the changes incident to modern civilization, and all round change in the manner of living, etc., we have a decided increase in insanity among them. It was once thought that the negro enjoyed a degree of immunity against some forms of insanity, particularly general paralysis. This, however, was found to be incorrect, and today he comes up with his full quota of cases.

With reference to climate, it is thought that habitation in a country showing one or the other extreme in temperature by a people somewhat unsuited, leads to an increase in insanity. Krafft-Ebing says that: "any tendency to frequency of insanity in the warmer climates is compensated for among the dwellers of more northern lands by the consumption of alcohol."

CREEDS. Statistics have been gathered in order to note the difference of percentage of insanity in various religious sects. It was found that the Jews and certain other sects show a higher percentage. Krafft-Ebing says: "This fact stands in relation with religion only in so far as it constitutes a hindrance to marriage among those professing it; the more when its adherents are small in number and there is consequent insufficient crossing of the race and inbreeding."

And again he says: "On the whole it may be assumed that true religion and pure ethics in that they elevate the mind of man, direct it to higher aspirations and offer comfort in misfortune, lessen the danger of insanity." I fail to see where we can take exception to either of these statements and if they be true; Christianity here as is always the case, lends its influence for good; reaching out in all directions, affecting directly or indirectly practically every individual to a greater or less degree. We are apt to underestimate its importance in this respect. This good effect we know to be a growing one.

CIVIL CONDITIONS. With reference to civil conditions insanity is said to be more frequent in the single than in the married. The single state offers less regularity in life and increased liability to disease. In this respect our modern life offers little encouragement in the way of decreasing insanity.

INDIVIDUAL PRE-DISPOSING CAUSES. Under this head we have:

HEREDITY. It is by far the greatest individual predisposing cause of insanity. According to the various observers it is responsible for from 30 to 90 per cent. It is the cases of unknown heredity that serve to keep it below 80 per cent. Some statisticians have recognized heredity only when it was present in one or both parents. This conception is too narrow. Much might be said concerning the various manifestations of hereditary weaknesses, but that is not in direct line with our subject. I do not see how we are to charge much of the increase of insanity to an increase in hereditary predisposition.

As it was before stated, our modern life tends to bring to light any existing deficiency as well as develop neuropathic tendencies. This fact will account for some of the increase.

On the other hand, people are becoming more enlightened on the subject of heredity. Our schools and universities are doing much to help in this way. Some good laws have been passed either restricting or forbidding the marriage of unfit individuals. These all tend to limit the bad effects of heredity.

EDUCATION. Krafft-Ebing says: "Next to his brain organization, man owes most to the nature and manner of his education." Oftentimes defective education dates from early life, a time when the various traits of character not directly effected by heredity, are being formed.

It is my opinion that the so-called minor defects in early training have a much greater influence on the mind than we at first suppose. In some respects I believe that the home training of children is inferior to what it once was. Alienists have not a little to say along this line but I refer more particularly to that disposition of the age to gratify every whim of the child. This being the case, the latter soon becomes ungrateful for what he has, with a lack of proper appreciation as to the welfare of others. Many of them are selfish in the extreme. They know nothing of self denial. The result of this is a spoiled grown-up.

Krafft-Ebing says in part, concerning a faulty education: "It is an education that is too solicitous, which can deny nothing and excuses every thing, and thus cultivates obstinacy, unbridled passions and emotions, defective self-control and inability to practice self-denial and the too early awakening and strain of the intellectual powers." All this tends to give a neuropathic constitution which may later serve as the foundation for insanity. Therefore, I believe we have here accounted for a slight increase

in insanity.

This brings us to the consideration of Accessory causes.

ALCOHOL. Alcoholism has been a curse of civilized nations for the ages. In Genesis 9:18, 27, we find mention of wine drinking. It has kept up with the march of time and is today the same grim monster bent on the same grim task. Aside from the immediate harmful effect growing out of the use of alcohol, it reaches out into the future and blights the offspring of its subjects.

Statistics tell us that alcohol is responsible for about fifteen per cent of the insanity. This stamps it as one of the greatest accessory causes of mental disease. It is claimed that while our own country in late years is using less in amount they are using it in a more concentrated form. This probably applies to some other countries as well. And since we are today in many instances dealing with insanity and degeneracy the result of alcoholism of four or five decades ago, I am forced to believe that the insanity from this cause has increased up until the present time.

OPIUM. Our Chinese population has done much toward popularizing with a class the use of opium in this country. In spite of opposition met with there has probably been a steady growth in its use until the present time. Cocaine is to be mentioned in this connection. These drugs are recognized causes (Toxic) of insanity and taking the whole country over, not a few cases may be ascribed to their use.

SYPHILIS. In this disease we have another great accessory cause of insanity. It has long been recognized as such. The later scientific discoveries of medicine have linked it more closely as a causative factor to certain forms of insanity, particularly paresis. According to the later writers syphilis is directly responsible for about fifteen per cent of insanity, paresis alone contributing about ten per cent.

Statistics, past and present, showing the prevalence of this disease are not obtainable; however, it is the opinion of those most competent to judge that syphilis is on the increase. Fournier, the great French authority, says: "After what I have seen it is impossible for me to believe that it has diminished in frequency during the forty years which I have devoted to its special study. On the contrary, it is my firm belief that syphilis has increased."

His opinion is held by other syphilographers as well. Coming down to our own country I think we may safely say that this disease has increased up until the present time and if this be true, we would expect an increase in insanity produced by it.

INFLUENZA. This is probably an old disease although

it is comparatively new so far as our country is concerned. Only twenty years ago the first great epidemic reached America from Europe. In less than a year's time it had spread over the whole civilized world. It was estimated that in this country forty per cent of the population contracted it. Without doubt this disease has been the exciting cause of numerous cases of insanity.

PELLAGRA. I will mention this disease in passing. It is thought to be comparatively new in this country; at any rate, it is new in point of recognition. In the later stages of pellagra the mind is greatly affected, resulting finally in dementia. A number of cases have found their way into hospitals for the insane. It remains to be seen just how great a factor this disease is in the production of insanity.

UNCINARIASIS. (Hookworm Disease). This is another disease about which little has been known until recently, although the disease has probably been with us for many years. It is a disease which in the young greatly interferes with the general development of the body. Through impoverishment of the blood (anemia) the whole organism is made to suffer. All diseases accompanied by anemia of any consequence have proved to be exciting factors in the production of insanity.

It is estimated that two million people in our Southern states are at the present time infected with this parasite. According to two observers ninety per cent of the rural population of Porto Rico harbor it.

Without a more careful study of this disease we are wholly unable to appreciate the extent of its ravages so far as affects the physical and mental condition of its victim.

I conclude with a brief summary. (1) The writer holds that insanity is on the increase but that the increase is not so great as statistics would indicate. (2) We should make a careful study of the various etiological factors of mental disease before attempting to answer the question, "Is Insanity on the Increase." (3) Both professional and public enlightenment as regards insanity and its causes; is necessary in order that proper prophylactic measures may be instituted against it.

THE JOURNAL OF THE Kansas Medical Society.

JAMES W. MAY, - - - - EDITOR.

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS

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The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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EDITORIAL

To be able to dissipate ones misfortunes and conserve ones pleasures constitutes the joy of living.—J. W. M.

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It is astonishing to see the constantly increasing number of pellagra victims. While this disease has been known for many years it has but recently shown itself in this country or rather been found out.

Its etiology is about as obscure as it has been in the past and the mortality is just as high. It remains for investigators to prove its etiology and the prevention will quickly follow.

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One of the worst evils of Christain Science is the neglect of children, who are too young to comprehend and are allowed to die when Medical attention would undoubtedly save them. Examples are not few where in the single instance of diphtheria that many children are sacrificed upon the altar of this so-called religion when a few doses of anti-toxin would in nearly all cases save the life. It is all right if an adult wishes to commit suicide in this manner but for it to be foisted upon an unthinking child, never.

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Pharmacists Refuse to Sell Soothing Syrups.—The action taken by the Philadelphia Association of Retail Druggists in condemning the promiscuous sale of soothing syrups containing habi

forming drugs is a step which must commend itself alike to physicians and to laymen. At a meeting held on August 5th that association adopted the following resolutions:

We, the members of the Philadelphia Association of Retail Druggists, realizing the danger to public health by the indiscriminate sale and use of habit forming drugs, when present in proprietary or patent medicines, especially that class of preparations included under "soothing syrups" and "comforters," designed for use for infants; also appreciating the earnest efforts of the director of the Department of Public Health and Charities of Philadelphia to limit the sale and use of these dangerous preparations:

Resolve, That the members of the Philadelphia Association of Retail Druggists discourage the sale, unless ordered by a physician on prescription, of any proprietary or patent preparation containing these habit forming drugs, and also

Resolve, That this association commend Dr. Joseph S. Neff, director of the Department of Public Health and Charities, for his earnest efforts to prevent this indiscriminate sale and use of such dangerous preparations, and that the members of this association give to the department every possible aid and encouragement in this excellent work.—From an editorial, N. Y. Med. Journal, Aug. 27.

If it were possible to interest the druggists throughout the country sufficiently to have them adopt similar resolutions and enforce them, what a vast amount of good would result.

How druggists can so wantonly sell drugs of so dangerous a character, without feeling some compunction is almost beyond comprehension. Perhaps it is thoughtlessness and when their attention is called to it they will take similar action to that taken by the Philadelphia druggists. If not, then a law such as is being passed in Scotland prohibiting absolutely the sale of patent medicine would be effective. Certain it is that educating the laity as to the danger will not suffice, though it will result in much good.

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NEWS NOTES

Dr. L. S. Caplan of Wellington, has returned from a trip to Illinois.

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Dr. C. B. Miller is introducing a new "Flanders" to the roads around Vinland.

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Dr. Day and family of Arkansas City spent the hot weeks in Manitou Colorado.

Dr. J. E. Sawtell of Kansas City, Kansas, spent August in Colorado.

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Dr. P. D. Hughes of Kansas City, Kansas is visiting in Ft. Wayne, Ind.

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Dr. J. J. Sippy and wife of Belle Plain, spent their vacation fishing in Colorado streams.

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Dr. Mitchell and family of Arkansas City, motored to Colorado for thier summer vacation.

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Dr. G. W. Jones of Lawrence has made his Annual pilgrimage east and says he is much refreshed.

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Dr. R. A. McIlhenny and wife of Conway Springs are spending a few weeks on the Pacific Coast.

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Dr. Anna K. Masterson of Kansas City, Kansas spent two weeks last month in Cleveland, Ohio.

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The next International Congress of Educational Hygiene will be held in 1913 in Buffalo, N. Y.

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Dr. C. M. Liston of Baldwin has joined the ranks of speed marvels, he belongs to the Ford Section.

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Dr. C. J. Simmons of Lawrence has returned from a two weeks visit with the Mayo's at Rochester, Minn.

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The State Board of Examination of Missouri will hold their examination at Jefferson City, Sept. 20-22.

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Dr. John Punton of Kansas City, has sold his sanitarium, and will hereafter limit his practice to consultations at his office in the Altman building. The sanitarium is now in charge of Drs. Wilse Robinson and Jos. W. Ousley.

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Dr. G. Frank Lydston of Chicago, stopped his attack upon Dr. Simmon's, editor of the A. M. A., Journal long enough to write up "Lessons for the Athlete in the Jeffries-Johnson Battle," in the New York Medical Journal, for Aug. 20th.

Dr. Chas. F. Ensign who was lately a medical missionary to China, has located in Kansas City, Kansas, where he will practice medicine.

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Dr. H. R. St. John of Alton, Kansas, has sold his practice and will do post-graduate work for two years both in the United States and foreign countries.

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Dr. L. L. Uhls a former president of the Kansas Medical Society who has charge of the Asylum at Osawatomie entertained ex-president Theodore Roosevelt, with a dinner at the institution. Dr. Uhls as President of the Commercial Club extended the invitation to Roosevelt to visit Osawatomie at the John Brown commemoration.

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TOPEKA NEWS NOTES.

Dr. L. M. Powell is in Colorado with his family.

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Dr. S. A. Johnson is in San Francisco on his vacation.

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Dr. F. H. Scholle has returned from his vacation in Wisconsin.

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Dr. Milton Conner is in Chicago doing special work in Pathology.

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Dr. J. C. McClintock, who has been in Arizona and New Mexico looking after his mining interests, has returned.

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Dr. Seth A. Hamel, recently appointed a lieutenant in the Medical department of the Kansas National Guard, attended the military maneuvers at Fort Riley.

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Dr. O. P. Davis has been elected to the chair of Pediatrics in the Kansas Medical College, to succeed Dr. T. W. Peers, whose protracted disability ensuing upon a stroke of paralysis made it necessary for him to resign active work. Dr. Peers was made Emeritus Professor of Pediatrics.

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Dr. W. S. Lindsay has been elected to succeed himself as the member of the Board of Trustees of Washburn College, representing the Medical Faculty. The Faculty enjoys the privilege, under the terms of the original merger, of nominating a trustee to represent it on the Board, and Dr. Lindsay has just been complimented by a re-election.

The Kansas Medical College is looking forward to the opening of the school term with much encouragement at the prospects of a successful year. The first floor of the college building will be devoted to dispensary uses, and has been fully remodeled and fitted for such purposes. The subjects of Physiology, Bacteriology, Materia Medica and Chemistry will be given at Washburn College. The laboratory in Anatomy and Embryology has been greatly improved and will be in charge of Dr. Merrill Mills.

The clinical work will be given principally at the several hospitals, and the schedules have been systematized so that the students may avail themselves fully of a larger range of practical clinical instruction.

A "Clinic Week" for students, alumni and other practitioners has been arranged to occupy the first week of the college term.

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SOCIETY NOTES.

The Northeast Kansas Medical Society will meet at Leavenworth, Oct. 13th.

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The Mississippi Valley Medical Association will meet in Detroit, Mich., Sept 13-15.

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The American Rocntgan Ray Association will meet at Detroit, Sept. 28, Oct. 1, 1910.

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The American Association of Railway Surgeons will meet at Chicago, Oct. 19-21, 1910.

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The American Public Health Association will meet at Milwaukee Sept. 5, 9th, 1910.

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The American Academy of Ophthalmology and Oto-Laryngology will meet at Cincinnati Sept. 19-21, 1910.

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The American Association of Obstetricians and Gynecologists will meet at Syracuse, N. Y., Sept. 20-22, 1910.

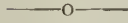
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The Wyandotte County Medical Society will convene after the summer vacation Tuesday Eve., Oct. 4th 1910.

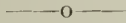
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The Medical Society of the Missouri Valley met at Council Bluffs, Iowa., Sept. 1 and 2nd, under the presidency of Dr. A. B. Summers of Omaha.

The South-east Kansas Medical Society will meet at Chanute, Sept. 27. A good program is being prepared, and the Chanute doctors promise a good time for all. Friends from a distance are invited to join us. O. S. HUBBARD, Sec'y.

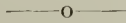


Sumner County Medical Society will hold its next regular meeting at the Commercial Club rooms, Wellington, Sept. 29th. Dr. C. W. Rennick will read a paper after which there will be a symposium on "Contract Practice" as follows: "Lodge", Dr. D. E. Kisecker, Caldwell; "Municipal", Dr. W. H. Neel; "Industrial," Dr. Shelly, Mulvane; "Ethics of" Dr. H. F. Hyndman.



The second annual meeting of the American Association of Clinical Research will be held in Boston on September 28 and 29, 1910.

Some very valuable contributions on Researches in Medicine and Surgery, in Prophylactic and Anaphylactic Medicine, in Mental Medicine, in Radiotherapeutics, in Metabolism, etc., are promised. There will also be a public meeting.



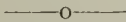
The Chautauqua County Medical Society met in Peru, Kansas, August 1, 2:30 p. m.

Dr. Carl F. Lewis of Niotaze read a very interesting paper on Anterior Poliomyelitis. The subject was discussed by all the members present.

A motion to amend our by-laws so that four members shall constitute a quorum carried.

The society will hold its next meeting in Chatauqua Sept. 5.

J. S. VERMILLION, Sec'y.



A special report on birth registration is being prepared under the direction of Dr. Cressy L. Wilbur, Chief of the Division of Vital Statistics of the Bureau of the Census, for the first annual meeting of the American Association for Study and Prevention of Infant Mortality which will be held in Baltimore in November. The report of the committee on Birth Registration will be presented at the session on Municipal, State and Federal Prevention of which, Dr. Wm. H. Welch, is chairman.

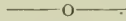
The officers of the association are: President, Dr J. H. Mason Knox, Jr., Baltimore; President-elect, Prof. Chas. Richmond Henderson, Chicago; Vice-President, Prof. C. E. A. Winslow, Boston; Vice-President, Mr. Homer Folks, New York City; Se-

cretary, Dr. Linnaeus E. La Fetra, Editor, Archives of Pediatrics, New York City; Treasurer, Mr. Austin McLanahan.

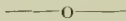
Every section of the country is represented in the directorate.

The headquarters of the association are in the Medical and Chirurgical Faculty Building, 1211 Cathedral Street, Baltimore, Maryland,

For information or circulars write to the executive secretary, Gertrude^a B. Knipp.



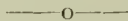
American Surgeons in Europe.—Twenty-seven members of the Society of Clinical Surgery were entertained by Dr. William Osler in London during the first ten days in July. The delegation consisted of Drs. Charles H. Frazier, G. G. Davis, John H. Gibbon, James P. Hutchinson, R. H. Harte, and Robert Greer LeConte, Philadelphia; Dr. John Miller Turpin Finney, Baltimore; Joseph A. Blake and George Emerson Brewer, New York; John Cummings Munro, Ernest Amory Codman, and Fred Bates Lund, Boston; Emmet Rixford, San Francisco; George Washington Crile, Cleveland; Charles Horace Mayo, Rochester, Minn.; Lewis Linn McArthur, Malcolm La Selle Harris, Arthur Dean Bevan, and John Benjamin Murphy, Chicago. They attended the meetings of the Royal Society of Medicine, and the London Surgical Society.—Penn, Medical Journal.



Oct. 11th and 12th the annual meeting of the Medical Association of the Southwest will be held in Wichita. The well known zeal of the members of the profession in this state for the advancement of organized medicine coupled with the fact that every program that has been presented by this association has been one of merit and worth should bring together at this meeting a large number of our best men.

The aim of this Association is purely a scientific one consequently it has practically no business to transact so that almost the entire two days are given up to the consideration of scientific subjects.

It is hoped that the profession at large throughout Kansas will attend this meeting even if it be at some personal sacrifice.



The Western Kansas and Norton and Decatur County Medical Societies held their regular joint meeting at Selden, August 16th. The program was as follows: Mastoiditis, Dr. C. W. Cole, Norton; Traumatic Peritonitis with two Case Reports, Dr. R. H. Smith, Oberlin; Pulmonary Influenza, Dr. Wilmott, Morland; An-

terior Poliomyelitis Acuta, Dr. A. L. Skoog, University of Kansas; Epidemic La Grippe, Dr. F. R. Funk, Dresden. An open meeting to the public was held in the evening and was addressed by Drs Smith and Parker on some needed reforms in Medical Legislation.

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The eighteenth annual meeting of the Tri-State Medical society will be held in St. Louis, under the presidency of Dr. Wm. Jepson, of Sioux, City on September 13 and 14.

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Communications.

August 11, 1910.

To the Editor of the Journal of the Kansas Medical Society.

At the recent meeting of the Congress of American Physicians and Surgeons held in Washington in May 1910, a joint session of the American Orthopedic and American Pediatric Societies was held and the subject of epidemic poliomyelitis was discussed. The following resolution was adopted: "It having been shown by recent epidemics and investigations connected with the same that epidemic infantile spinal paralysis is an infectious communicable disease that has a mortality of from 5 to 20%, and that 75% or more of the patients surviving are permanently crippled, state boards of health and other health authorities are urged to adopt the same or similar measures as are already adopted and enforced in Massachusetts for ascertaining the modes of origin and manner of distribution of the disease with a view of controlling and limiting the spread of so serious affection,"

A committee with Doctor Robert W. Lovett, President, Boston, Mass; Dr. Irving M. Snow, Secretary, Buffalo, N. Y. was appointed to urge the various state and municipal health authorities to take up the work of investigation of the various foci of epidemic poliomyelitis, to study its epidemiology and to instruct the public that the disease is at least mildly communicable.

May we ask you to publish this letter and the resolutions in your Journal and also to allude to the matter editorially, urging the Health Commissioners of the various states of the United States and of the provinces of Canada to follow the example of

the Massachusetts health department in studying the epidemiology of poliomyelitis.

Respectfully yours,

Robert W. Lovett, M. D., President, Committee on Poliomyelitis, American Orthopedic and Pediatric Societies.

Irving M. Snow, M. D., Secretary, 476 Franklin St., Buffalo, N. Y.

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Obituary.

Dr. Mehran K. Kassabian renowned as a medical pioneer in the use of the X-ray and author of books on the subject, died on July 12, as a result of burns received in his investigations, dating from 1902.

Dr. Kassabian is the author of a book on Electro-Therapeutics published by Lippincot & Co., which will be out soon.

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Nathan Henry Richards, M. D., University Medical College of Kansas City., Mo., 1901; of Kansas City, Kan., died at Alamosa, Colo., June 6, from tuberculosis, aged 56.

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The Therapy of Work.—Man is mentally, morally and physically so attuned that when disordered his perfect restoration demands intelligent readjustment of each element, says R. S. Carroll in the *Journal A. M. A.*, June 18, 1910. The derangements of the mechanical workings of the body have been subject to increasing surgical skill until we invade every precinct of the body. But this has had its evils, and until recently practically normal organs were sometimes removed, and exploratory incisions were made for their "mental effect." The modern physician with his immense therapeutic armamentarium, must still feel the stigma of empiricism as he faces many of the diseases of internal medicine, and one reason is that he has ignored that principle of life connected with, dominating and making the real body, the psyche. The neurologist has been pleading that a certain percentage of invalids are psychically ill. Emotional shock is interpreted through the physical sensations, the individual becomes self-centered, the physician who has a powder for every pain fails to apply his psychology and the patient after passing through the hands of the physician, the oculist, the abdominal surgeon and the osteopath finally finds cure in the negations of Eddyism, and medicine is rightfully discredited. The neuropath may also be of the here

ditary type, and then the case is difficult. The acquired form may result from exhaustion, intoxication or have its origin in the owner's brain. Nerve integrity is reduced by profitless introspection, morbid self-consciousness, ultrasensitiveness, self-depreciation, cynicism, pessimism, doubt and most baneful of all, fear in its many forms. The call is for men practiced in the arts of medicine, and in addition, who are students of the human mind. The length of the list of false psychotherapeutic cults, but emphasizes the need for true, rational psychotherapy. These cults all assert in a chorus most emphatic that beliefs, though false, may displace morbid ideas and effect cures. Years devoted to the development of a workable, practical psychotherapy have convinced Carroll of the preponderating value of work as a present help and a lasting benefit in the treatment of the nervous. The value of Mitchell's rest cure is unquestioned, but often proves inappropriate or indaequate; but work truly is life. As Hall has said, the human body is made for action. Therapeutically, the proper form of work should be prescribed, well within the strength of the patient and requiring sufficient mental activity to distract attention from the purely physical. Even drudgery has its place. There is a wholesome discipline in work. The mental relaxation and rejuvenation which follows substitution of reasonable physical employment for high-pressure mental strain cannot be gainsaid. Wholesome benefits come to the mind from the physical exaltation following the normal use of our muscles. The greatest influence of work as a therapeutic measure rests in the mastering of self which comes with work, and when self-mastery replaces indulgence and doubt of one's strength is replaced by faith, when morbid self-centeredness, that miserable dwarf of the soul, gives way to an externalizing self, then the passion for material comfort will lose its devitalizing power, and a mastery will ensue superior to petty discomforts of temperature and weather, the habits of our neighbor's children and the din of traffic, a mastery superior to the miserable hyperesthesias and dysesthesias so incident to nervousness. Such will ever be the mission of work when divorced from damaging moods.

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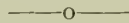
Medical Freedom.—Makers of patent medicines, adulterators of drugs, and practitioners of the cults of mental and osteopathic healing are up in arms. They have persuaded a few well-intentioned but misled individuals to join them, and have formed the National League for Medical Freedom to oppose the efforts of practically all the reputable physicians in the country to con-

solidate the agencies of public health at Washington into one efficient department or bureau.

These efforts have been waxing stronger. The men of the American Medical Association and of the Committee of One Hundred on National Health, sanctioned by the Association for the Advancement of Science and headed by Professor Irving Fisher of Yale, have won the approval of the entire press of the United States in urging the passage of their bill. In the various departments and bureaus of the federal government are lodged powers that can not be wielded effectively until they shall be coordinated under one head. Once united, they can be used in a great propaganda for educating the people against the habit of selfdosage and a resort to quack medicines for their ailments. By a campaign of prevention the bureau would break the prevalence of epidemics and infections between the states. It would work for the passage of laws that would guard the channels of interstate commerce against the admission of adulterated drugs, and for the establishment of standards of purity and strength that would be copied by the states and cities of the nation.

The self-styled "League for Medical Freedom" quotes Professor Fisher accusingly as having said that the government might soon be appropriating millions yearly for the conduct of this bureau. If it should appropriate a million for every hundred thousand it now appropriates for the protection of the health of hogs and cattle in the United States, Professor Fisher's prophecy would be fulfilled, and no one would have cause for complaint but these friends of "freedom." Their cry is an old one and well understood.

License they mean, when liberty they cry.—Editorial from the New York Times.



CLINICAL NOTES

Treatment of Habitual Hemorrhage in Females.—Dr. Kroemer discussed the treatment of habitual hemorrhage from the genital organs, at a meeting of the staff of the Charite Hospital of Berlin (*Folia Therapeutics*). The hemorrhages referred to were not in any way associated with menstruation. They come on suddenly from some cause or other independently of the period, they persist without giving rise to any special symptoms, and last either for weeks or months. Women who are debilitated from physical or mental causes are the principal sufferers. The closest investigations of the mucous membrane of the genital tract have

failed to discover any cause for these hemorrhages, and they are therefore relegated to the "cachectic group." Every form of local treatment has been employed, including thorough curetting of the uterus, but the best results appear to have been obtained from the use of gelatin injections, combined with the internal administration of common salts in doses of 4 to 5 grams three times a day. This treatment yielded very satisfactory results in a series of twenty-nine cases under the care of Kroemer. This common salt may also be used as a prophylactic against too severe a loss, before the onset of the regular menstrual period. The rationale of this method consists in the introduction into the blood of substances out of which fibrin may be formed.—Therapeutic Medicine.



The Field of Carbon Dioxide Snow.—In affections of the skin it has a wider range of usefulness than the x-ray, it will do more, and with greater certainty.

We now use the solid carbon dioxide successfully in birthmarks of every variety and all sizes; in port wine stains and angiomas, superficial and deep; in pigmentary, hairy and hypertrophic congenital deformities of all kinds, and even in the cavernous angiomas. In leucoplakia and precancerous keratoses it has given us better results than any other method; and I know of no way so good to remove the warty and possibly degenerating growths that are not uncommon on the hands of x-ray workers. Rodent ulcer and superficial epithelioma can be apparently cured; and I say "apparently" advisedly, in view of our experiences with radiotherapy in this field. Its effectiveness in deeper infiltrating cancer of the skin is still subjudice; and the same is true of keloid and lupus vulgaris. It is entirely successful in the removal of senile warts, papillomata, and other smaller tumors of the skin. Gunpowder stains and other imbedments of foreign matter in the skin can be removed by it. And in lupus erythematosus it is now our method of election.—W. S. Gottheil in the N. Y. State Journal of Medicine.



Laxative Drugs in Fevers.—In a paper on Drugs in Constipation printed in the Practitioner for May, 1910, W. Camac Wilkinson observes that in most fevers constipation is the rule. In typhoid fever, sometimes in influenza and measles, and in septic states diarrhœa often occurs, but in these conditions there are actual lesions of the intestines. In chorea and acute colitis, also, diarrhœa is urgent and frequent, but fever is not a feature in these diseases. Fever tends to cause constipation, and nothing is more

important in fever than to keep the *viæ primæ* open. Moreover, in fevers the functions of the liver and digestive organs are depressed, and the state of the tongue is the best index of the state of the digestive tract and liver. The liver probably subserves the useful role of disposing of waste products of metabolism, and may get rid also of toxic products of bacterial origin, perhaps even of bacteria themselves. Purgative drugs acting on the liver, notably calomel, sodium sulphate, aloin, and senna (compound licorice powder), etc., cause subjective feelings of relief and improvement, loss of headache, better appetite, less depression, less restlessness, ability to sleep, which cannot be ignored. Thus, not merely is the bowel emptied of the imperfectly digested elements of food, but waste tissue products, which are increased in fever, are excreted and expelled the more effectively. In simple fever castor oil, calomel, the compound licorice powder, or sodium sulphate may be selected as indicated.

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Erysipelas.—Judd has obtained excellent results by swabbing the affected area and for a half inch margin beyond with 95 per cent solution of carbolic acid until moderate blanching of the tissues occurs, then swabbing with pure alcohol until the whitened area becomes pink again. Only small portions should be treated at a time, and usually only one application is required.—*Medical Standard*.

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When a foreign body in the nose is not easily removable with forceps, remember Felizet's simple method—the injection of warm water into the opposite nostril. Use a syringe or douche nozzle that snugly fits the naris. Begin gently and slowly, then increase the force. As the resistance suddenly ceases, the foreign body is shot out (or at least is dislodged'), by the pressure of the fluid reflected from the posterior wall of the pharynx.—*American Journal Surgery*.

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Gangrene after Iodin Sterilization of the Skin.—Hindenburg Munchener medizinische Wochenschrift, July 5, 1910) reports two cases of an ax injury of the toes while splitting wood, in both of which he applied tincture of iodine according to the customary technic. When the dressings were changed two days later there were signs of commencing gangrene which he ascribes to penetration of the iodine into some gaping vessel entailing destruction of the vessel walls and consequent gangrene. The cases warn, he adds, against applying the tincture of iodine method to cutting wounds unless the cut surfaces are protected with gauze against the penetration of the tincture of iodine.—*Journal A. M. A.*

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No. 10

RADICAL CURE OF INGUINAL HERNIA.

GEO. M. GRAY, M. D., Kansas City, Kansas.

Read by title before the Kansas Medical Society, May 6, 1910.

Dr. W. L. Rodman and Dr. Charles W. Bonney, in an article published in the American Journal of the Medical Sciences takes up the etiology of inguinal herniæ, and I cannot do better than to quote from their article on the anatomical structures that are important in connection with inguinal herniæ. When the anterior abdominal wall is viewed from behind, the following structures are seen: extending from the apex of the bladder to the umbilicus is the urachus, the degenerated embryonic portion of the allantois, also known as median vesico-umbilical ligament. On either side of this median cord there is another extending obliquely upward and inward to join it at the umbilicus. These are the remains of the hypogastric arteries which are patent only during intra-uterine life. They are also known as the lateral vesico-umbilical ligaments. Lying external to these lateral cords are the deep epigastric arteries. These five structures are covered with peritoneum, arranged in more or less well defined folds. In relation with these cords three depressions may be distinguished—one between the urachus and the obliterated hypogastric and the epigastric arteries, and a third external to the epigastric artery. These depressions are known as the internal, middle and external inguinal fossa respectively, and with the exception of the internal one are very important with reference to the occurrence of inguinal herniæ. The external inguinal fossa, lying external to the deep epigastric artery, constitutes a weak spot in the anterior abdominal wall. This fossa really owes its existence to the internal abdominal ring, a spot

in the transversalis fascia through which the testicle pushes its way on its course downward from the abdominal cavity to the scrotum. The formation of the inguinal canal and external ring is best made clear by tracing the descent of the testicle from the abdomen to the scrotum.

The scrotum is formed from the genital swellings into which a little sac of peritoneum is invaginated comparatively early in foetal life. The inguinal ligaments or gubernacula are also attached to the bottom of this peritoneal pouch. Now, as the foetus develops, this pouch which in the male is called the vaginal process, and in the female the canal of Nuck becomes more and more elongated, keeping pace with the growth of the genital swellings, until toward the termination of intra-uterine life, probably at about the end of the eighth month, it has formed a sac extending well down into the scrotum. It is to be borne in mind that this sac is placed in front of the testicle before that organ emerges from the abdomen, that it always bears such a relation to the testicle, and that it is not pushed from the anterior abdominal wall by the testicle in the way in which the other layers enveloping that gland and the spermatic cord are displaced. From these considerations, it becomes evident that at a certain stage of foetal life there is a free communication between the peritoneal cavity and the scrotum. Shortly after birth, probably between the tenth and twentieth day, the vaginal process normally becomes obliterated except as to its lower portion, which surrounds the testicle and forms its tunica vaginalis. Failure of the upper portion of this process of peritoneum to become obliterated constitutes an important factor in the production of congenital herniæ. As the testicle passes through the abdominal wall, it carries in front of it a layer from each of the muscular or fascial planes which it perforates. Thus as it comes out of the abdomen at the spot known as the internal ring, it carries a portion of the transversalis fascia along, drawing it down like a funnel. Hence, the name applied to this fascia, *infundibuliform*. From the next stratum of the belly wall, the internal oblique muscle, it takes up a covering known as the cremaster, and as it passes through the succeeding layer, the aponeurosis of the external oblique muscle, it pushes a fascial investment called the external spermatic fascia in front of it.

The spermatic cord occupies and fills up the canal thus made by the testicle in the substance of the abdominal wall. This channel is known as the inguinal canal. It extends from the internal to the external abdominal ring, and in the adult is about

an inch and a half long. It is bounded anteriorly by the aponeurosis of the external oblique, and in its outer third by the internal oblique, posteriorly by the transversalis fascia, superiorly by the arched fibres of the internal oblique and transversalis muscles, and inferiorly by Poupart's ligament. In the adult, the inguinal canal is nothing but a gap in the abdominal wall filled in by the spermatic cord and vessels or round ligament in the female, a certain number of inguinal herniæ, not more than four or five out of every hundred, protrude from the abdomen through the middle fascia or Hesselbach's triangle direct hernia. The remainder come out through the anterior abdominal ring. They traverse the inguinal canal, break through the external ring, and either present above and external to the pubes, or pass downward into the scrotum. A hernia of this kind is known as an indirect oblique hernia, indirect in contradistinction to the one which comes out through the middle fossa or Hesselbach's triangle.

A hernia which passes through the external abdominal ring is called a complete inguinal hernia, one that does not pass through the external ring incomplete.

Etiology. The causes of inguinal hernia may be considered under three heads: 1. congenital defects; 2. natural weakness of the abdominal wall in the inguinal triangle; 3. conditions which increase uretra abdominal pressure..

Congenital defects relate chiefly to faulty obliteration of the vaginal process of peritoneum. Closure of this pouch should be complete by the twentieth day after birth; but in a certain number of individuals closure partly or entirely fails to take place. These persons are always predisposed to hernia. When the vaginal process fails to close and remains open throughout the whole extent, there is an uninterrupted passage from the peritoneal cavity to the scrotum, into which the intestine can readily find its way. Such a hernia is called congenital, its sac being preformed.

The mal-position and non-descent of the testicle are defects which are frequently associated with inguinal hernia. Among conditions which increase the weakness of the abdominal wall may be mentioned as diseases which impair the nutrition of the muscles, such as rickets, systemic maladies, which produce great emaciation. Abdominal tumors which impinge upon the anterior abdominal wall and distend it. Pregnancy which acts in the same way. Accumulation of fat in the omentum and preperitoneal tissues; also tending to stretch the peritoneum; relaxation of the

parietes incident to old age, and repeated efforts in lifting or dragging heavy weights. Tumors, accumulation of fat in the omentum and pregnancy also increase intra-abdominal pressure. Other potent factors in augmenting pressure are: cough, vomiting, straining at the stool or to empty the bladder.

Bronchitis, emphysema, asthma and whooping cough are not uncommonly the immediate exciting cause of hernia.

In regard to age, it may be stated that hernia is most common in childhood and middle life. Berger, who has studied the age incident carefully, shows that by far the largest percentage of cases occur in children; that there is a constant decline until the thirtieth year, after which a steady increase takes place until the fifty-fifth year.

It should not be forgotten, however, that hernia is relatively frequent in old persons on account of relaxation of the abdominal wall, and their tendency to chronic bronchitis; and were it not for the fact that they lead a shielded life, not following laborious occupations, they would probably be more liable to hernia than those in middle life. Berger's statistics also show that double hernia is rare in infancy and frequent in old age, reaching its maximum at sixty-five years.

All admit that inguinal hernia is much more common in males than in females.

There seems to exist to-day very little difference of opinion among surgeons as to the proper operative procedure for the radical cure of inguinal hernia. With very few exceptions, the Bassini operation is generally used. The reason for this general preference for the Bassini operation is doubtless due to the conviction that the Bassini operation rests upon sound and more rational anatomical and mechanical principles than the other operation; all of which were devised about the same time, now about twenty years ago. Prior to twenty-five years ago, by far the larger number of operations were done for strangulation, which usually followed when the contents of the sac could not be reduced. Nowadays, by far the largest number of operations are done for the cure of reducible herniæ, and there are relatively few cases of strangulation requiring operation.

Many slight modifications of the Bassini operation have been devised and are used by different operators, but the main principles of the operations are maintained. Ferguson of Chicago, omitted transplantation of the cord and vessels 1890, reporting 560 cases with eight recoveries. Aside from the Bassini operation, I will mention only two, neither of which in my opinion

offers any advantage over the Bassini operation: Halstead's operation and Kocher's operation.

In Halstead's operation, the skin incision is oblique and extends from a point over the spine of the pubes, obliquely upward and outward, for about three inches. When the aponeurosis of the external oblique is exposed, the three abdominal muscles and the fascia transversalis are cut through, from the external ring to a point about one inch above and external to the internal abdominal ring. The vas deferens and the blood vessels of the cord are isolated; all but two or three of the veins are excised, sac is opened and closed by suture, so as to leave no pouch of peritoneum, and is cut away beyond the line of suture.

The cord in its reduced form is raised out of the wound to facilitate the introduction of the six or eight mattress sutures which pass through the aponeurosis of the external oblique, and through the internal oblique and transversalis on one side, and through the fascia transversalis, and Poupart's ligament and fibres of the aponeurosis of the external oblique muscle on the other. The precise point at which the cord is transplanted depends upon the condition of the muscles at the internal abdominal ring; the object being to transplant it in the thick muscular tissue. The skin is then closed by buried sutures of very fine silk. The transplanted cord lies on the aponeurosis of the external oblique muscle, and is covered by skin only. In this last feature lies the chief distinction between Halstead's operation and the Bassini. The inguinal canal and both old rings are obliterated by Halstead's method of suture, and the spermatic cord becomes a subcutaneous structure in the fold of the groin.

Kocher's operation: After the usual incision through the skin, the sac is completely separated from the cord and scrotum. A small slit is then made through the external oblique, just outside the position of the external ring. Through this a slender toothed forcep is inserted and pushed down the inguinal canal and out of the external ring, and the sac grasped in the forceps is dragged up through the canal. The sac having been delivered through the slit is twisted on its long axis, and is thus shortened. Silk ligatures are then passed through the pillars of the internal ring in front of the cord and through the external oblique. The twisted sac having been laid down between each row of these sutures, the latter are tied over the twist. This operation does not bring down the conjoined tendon behind the cord so as to reduce the size of the internal ring from within outward, which is the strong point in the Bassini operation.

Bassini's operation, as has been previously stated, is now

widely done all over the world, and the reason for its popularity lies in the fact that it more nearly than any other restores the structures of the inguinal canal to its original condition. It aims at reducing the enlarged internal ring from within outwards, by suturing the conjoined tendon down to the posterior part of Poupart's ligament behind the spermatic cord. This can only be accomplished by first splitting up the aponeurosis of the external oblique from the external ring outwards and upwards to a point above the upper border of the internal ring. The skin incision may be the usual one parallel with Poupart's ligament, or can be made at right angles to the ligament and midway between the two rings. I generally select this incision for the skin in children, as it is farther removed from the genitals and not so likely to become infected with the urine. The aponeurosis of the external oblique is exposed and divided the whole length of the canal. This can be done on a grooved director, or with scissors; but when divided should be caught with catch forceps and held. The sac is now exposed, escaping from the enlarged internal abdominal ring, having the spermatic cord with its vessels behind it. From these structures it is separated, beginning at the highest point possible, as it is easier to separate at a high point than at the lower portion of the sac. If the lower portion of the sac is adherent, it is better to cut through it and leave the lower portion of the sac there adherent. However, if this portion is left, it should not be sutured or closed by ligatures, but should be left open; thus treated it will shrivel up and cause no trouble, while if closed it might be the seat of some serious collection. The sac having been stripped loose from the cord and vessels, it should be tied off at a point sufficiently high so that there can be no dimpling left on the abdominal side.

It being of great importance to secure a smooth surface free from any depression at the point where the neck of the sac is tied off. The cord and vessels are now raised from their bed in the inguinal canal and held up by an assistant with a hook. At this point it will be well to observe the position of the ilio inguinal nerve and push it to one side so as to not include it in the sutures that you are now ready to put in place in suturing the conjoined tendon to the posterior surface of Poupart's ligament. This is the most important step in the operation. As a rule, the lower border of the conjoined tendons is muscular, and if the aponeurosis of the external oblique is separated from the conjoined tendons for about one inch or an inch and a half, above its lower border, the sutures can be passed through the aponeurotic por-

tion of the muscle, then through the posterior border of Poupart's ligament, starting the first suture as close to the pubes as possible from four to six sutures being required as a rule. When the sutures are thus placed, the lower edge of the conjoined tendon is brought down and infolded onto Poupart's ligament, making, I think, a stronger floor than when the lower border of the tendon is caught and brought down against Poupart's ligament; the passing of these sutures must be done with care, as it is possible to injure the vessels lying immediately beneath Poupart's ligament. Some operators prefer to pass the needle always from above downward, thinking by this method there is less risk of injury to these vessels. The last or highest suture should be passed fairly close to the cord and vessels, just leaving enough room for the cord and vessels without danger of strangulation. Dr. Caley uses four sutures above his cord, thus having the cord and vessels pass between two sutures. I usually gauge this space by the tip of my index finger. Care should be taken in tying off the sac, and I think it is better to transfix the neck of the sac after it has been split open, to be sure that it does not contain omentum, intestine or other structures that should not be included in the ligament. If the sac contains a large mass of omentum, and especially if the omentum is adherent to the sac it will be better to ligate and cut it away, and after reducing the stump of omentum, transfix the neck of the sac with a needle threaded with No. 1 plain catgut, which is double, then tie each side, the ligatures made to interlock. I have known one case to lose his life by a circular ligature slipping, and the intradominal hemorrhage from the stump proved fatal. After tying the sac off well within the internal ring and suturing the conjoined tendons to Poupart's ligament, the cord is dropped back onto the new bed that has been made by the conjoined tendons held in opposition with Poupart's ligament. The divided edges of the aponeurosis of the external oblique muscle is now sutured back over the cord and vessels. The catch forcep having been kept in contact with the lower flap makes it much easier to re-unite the divided aponeurosis. A continuous suture is preferable for this, as it gives better apposition with more uniform tension and less danger of strangulation necrosis.

I myself, prefer an absorbable ligature throughout, and use for this purpose, No. 1 catgut, plain and formalized; the formalized being used in the suturing of the conjoined tendons to Poupart's ligament; chromic gut would probably do as well, or any catgut that has been hardened by a chemical process that will make its absorption slow; gut that will last fifteen or twenty days is prefera-

ble. Some prefer the Kangaroo tendon, but I think with the methods now used in the preparation of catgut that in it we have the ideal material for this work, and I can see no necessity for using material of greater size than No. 1 gut, unless possibly in some very large herniæ, No. 2 size might give better results. The closure of the skin is made by a buried suture of plain No. 1 catgut, started and tied in the superficial fashion at the upper angle of the wound.

And the superficial fascia is first sutured from above downward by continuous suture, and then the subcuticular suture placed from below upward to the point of beginning, where it is tied to the end which has been left long enough to tie, and being fixed beneath the skin; when the knot is tied, it is pulled down beneath the skin. After the skin suture is placed, the wound is covered with a thin layer of sterile absorbant cotton and over this is applied collodion, thus sealing it up. Adults and especially children are apt to get their fingers under the dressings and infect the wound; for this reason, I always use the collodion cotton dressing; then over this a few layers of sterile gauze, with a layer of absorbant cotton and a spike bandage applied so as to support the testicles. Or, I have found a small pillow placed between the thighs to answer very well as a support to the testicles.

Dangers in the Operation; In the direct inguinal herniæ—where the herniæ breaks through internal to the deep epigastric artery in the space known as the middle fascia or Hesselbach's triangle, we are more likely to have the bladder dragged into the sac, as the parietal peritoneum being deflected onto the bladder from the belly wall. It is possible to drag the bladder into the hernial sac by putting too much of the sac down before tearing it off.

In the February number of the American Journal of the Medical Sciences, 1910, are reported two cases in which the ureter was contained in the sac of an inguinal herniæ. While this is a very rare condition, yet it may occur alone or be accompanied by a cystocele or herniæ of the bladder, and have been encountered in both inguinal and femoral herniæ; and if the ureter can find its way into a hernial sac, anything within the abdomen might be expected—the ovary and fallopian tube. Wounding the bladder is not a very serious accident—if recognized and repaired.

Conclusions. The treatment of inguinal hernia must be either mechanical or operative. While not denying the fact that in certain cases the mechanical or truss treatment may be of ad-

vantage, yet I think with the present uniformly good results that are now obtained by operative procedure, that we should advise operation in all cases between the age of two and sixty years of age, unless for some very good reason such as the person be suffering from some chronic ailment, such as diabetes, chronic interstitial nephritis, or valvular disease of the heart, when operation as a rule should not be considered. All others should, as a rule, be promptly submitted to operation. Even those who fear a general anesthetic can be operated upon under cocaine or other local anesthetic.

In view of the uniformly good results and the very small per cent. of mortality attending these operations, it would seem utterly absurd at the present time for any physician to advise the young adult or middle aged man or woman, or even one in youth or old age, to wear a truss, rather than submit to an operation; and I believe that the tendency at the present day among physicians is to advise operation rather than the treatment by truss.

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REVIEW OF THE RECENT LITERATURE ON THE RELATIONS BETWEEN DIABETES AND PREGNANCY: WITH THE REPORT OF THREE CASES IN WHICH FERMENTABLE SUGAR APPEARED IN THE URINE DURING THE LATTER MONTHS OF GESTATION AND DISAPPEARED IN A FEW WEEKS AFTER DELIVERY, AND THE EFFECT OF DIABETES IN THE MOTHER UPON THE NEWBORN BABE: ESPECIALLY DURING THE FIRST DAYS AFTER BIRTH.

W. C. HARKEY, M. D., Kansas City, Mo.

Read before the Kansas Medical Society, May 5, 1910.

1. "The Relations Between Diabetes and Pregnancy,"—Augustus A. Eshner. Transactions of the Association of American Physicians, 1907, vol. 22.

2. "The Clinical Significance of Glycosuria in Pregnant Women,"—J. Whitridge Williams. The American Journal of the Medical Sciences, Jan. 1909, vol. 137.

3. "Glycosuria and its Relation to Pregnancy," A review of recent Literature. Hugo Ehrenfest. Interstate Medical Journal, March 1910, vol. 17.

Much has been said during the last few years regarding the "toxæmias of pregnancy," but very little has been written by

American authors, either in journals or text books, up to the present time upon this subject.

During the time that I was enjoying this excellent series of cases (December 1906 to July 1907) I was impressed by the conspicuous need of the development of study and report of this class of cases.

Eshner (1) took the subject up fully in 1907, and J. W. Williams (2) in 1909. I made frequent inquiry and diligent search, but it was some little time after my struggle and unscientific efforts before I was able to get hold of their excellent articles with the reviews of the various opinions offered from 1856 down to the present time.

The significance of the presence of milk sugar in the urine, known as "lactosuria," and of glucose in the urine, known as "glycosuria," has been badly interpreted. Lactose will reduce Fehling's solution, but will not ferment. Glucose does both. A combination of the two is not infrequently encountered. You may have a high reducing reaction and a low fermentive value, according to the proportion of glucose. Certain writers regard it as harmless, almost a physiological phenomenon. W. Blot, in 1856, found in the urine of all parturient and nursing women, in that of about half of all pregnant women, a reducing substance that he considered sugar, and he thought the phenomenon related directly to the secretion of milk. Leconte (1) 1857, contended that it was not sugar but uric acid. T. Kirsten (1) 1857, agreed with Blot that it was sugar, while E. Brucke (1) 1858, claimed that normal urine almost constantly contained traces of sugar and that the urine of puerperal women may contain even large quantities. A. Hempel (1) 1875, concludes that sugar appears in the urine of puerperal women only as the secretion of milk becomes active, and that the amount is proportionate to the degree of development of the mammary glands and the duration of the stasis of the secretion in the breasts.

L. Hofmeister (1) 1877-78, found the reducing substance actually to be lactose. J. Ney (1) 1889, examined the urine of 148 nursing and 24 pregnant women and found sugar present in 80 per cent of the former and 16½ per cent of the latter, the condition was especially associated with an abundant secretion of good breast milk. G. Klein (1) 1898, found sugar in the urine of 80 per cent of 25 nursing women and in that of but 4 of 19 pregnant women. He considered the condition physiological in the nursing, and pathological in the latter. Among 125 women between the seventh and ninth month's of pregnancy, M. Bro-

card (1) 1898, found sugar in 50 per cent; glucose predominated' but milk sugar appeared as lactation was approached. F. Lang (1) 1895, found the power of assimilating carbohydrates greatly diminished in pregnant women, as shown by the presence in 19 out of 30 cases from the fourth month onward, of grape sugar in the urine within six hours after the administration of 100 grammes of the same. A. Payer (1) and J. Hoffbauer (1) 1899, found the assimilative power for carbohydrates progressively reduced from the second month, on, and the farther advanced the pregnancy the more readily could alimentary glycosuria be induced. H. Ludwig (1) 1899, contended that the organism of a healthy pregnant woman reacts upon polysaccharids in the same way as does that of a non-pregnant woman. Lacorche (1) 1885, called attention to the fact that diabetes in women occurs especially before puberty and after the menopause, but that its infrequency during the child bearing period is fully compensated for in gravity, when it does occur during that time, fortunately then, the greater number of diabetes among women come on after the climacteric. Men are more prone to diabetes than women, the proportion being about eight men to three women. T. B. Fletcher gives it four men to three women.

There is one other factor that has a tendency to reduce the percentage of diabetes in pregnancy, that is to say sexual indifference and sterility, due to associated constitutional debility and atrophy of the internal generative organs. Pregnancy has been observed to occur although often interrupted by abortion. J. Seegen (1) of Berlin, found amenorrhoea an uncommon symptom in diabetes and he has observed normal menstruation even in severe cases up to within a week before death. C. Von Noorden (1) in 1898, said that there is no general rule as to the occurrence of menstruation in this disease, and that pregnancy and the puerperium have no unfavorable effect on the diabetes, as illustrated by five diabetic women under his care who became pregnant. He admits that in severe cases sexual desire is diminished and sterility is liable to be present and advises against the marriage of young women having diabetes, as the disease is serious under such circumstances. G. E. Herman (1) 1902, of Edinburg, favors the early termination of pregnancy, as offering the greatest probability of benefit, to the mother, especially if hydramnios be present. According to J. W. Williams (2) 1909, observations based upon the histories of 66 definite cases of diabetes in pregnant women, which he collected from the literature, show that in 55 instances the disease was present before the oc-

currence of the pregnancy in question, while in the remaining number it made its first appearance after conception. In this series no case was classified, as diabetes unless the characteristic urinary changes persisted after puerperium, for had the ordinary cases of glycosuria been included it is quite probable that the relationship would have been reversed.

Upon reviewing the literature on the subject, it is apparent that diabetes must be regarded as a serious condition, no matter whether occurring primarily, or as a complication of pregnancy, as is shown by the following figures: Thus Chapiet, Stengel, Rouff and Vinary reported a maternal mortality of 25, 26, 46, 55, per cent, respectively, in four tabulations which included 68, 19, 28 and 34 cases. Williams' (2) own statistics, which are based upon 66 cases collected from the literature, show an immediate maternal mortality of 27 per cent, while an additional 23 per cent of patients died within the following two years.

The foetal or infant mortality has been given by the various authors from 27, 47, 48, 50 and 53 per cent. Hydramnios, excessive development, and monstrosities, are a few of the interesting complications. Another thing of interest is that in more than one half of the cases the amniotic fluid was found by chemical demonstration to contain sugar. This phenomenon, obtained in glycosuria of pregnancy as well as in true diabetes.

One author found glycosuria in a child born of a diabetic mother. Offergeld (2) showed that both the blood and urine of an unborn child contained glucose, therefore the question arises whether the latter has been transmitted through the placenta or indicated the existence of foetal diabetes. After the report of my own three cases, I will take this up further.

Case 1. Mrs. F. R. D., age 36, pregnant for the fourth time; at six and one half months developed the following subjective symptoms: pruritus vulva, heart-burn, sour eructations, polyuria, great thirst, feeling of general fatigue, insomnia and anorexia. Urine showed decided reduction with Fehling's solution. Fermentation revealed one to two grs. of sugar to the ounce of urine. Albumen negative.

Physical Examination. A very much emaciated woman of slight build, small amount of icteritious discoloration of the sclera and skin; tenderness on deep pressure over the pancreas, some enlargement of the thyroid gland.

I cared for her during a normal gestation and tedious yet natural labor and uneventful puerperium, three years before. She has never in her life been able to digest any very great quantity

of fat. Lean beef would excite diarrhea, and for the past eighteen or twenty months preceding this last pregnancy, she would have large hemorrhages from the bowel just at the close of her menstrual periods.

She was placed upon a diet of cream and milk and baked potatoes. The urine was free from sugar in three weeks. At the seventh month there were grave fears and signs of miscarriage, which was averted by absolute rest in bed and morphine. At the eighth month, patient was delivered of twins, both breech presentations, weighing three and a half and four and three quarter pounds respectively. A large amount of liquor amnii accounted for the excessive size that was marked in this case from the sixth month. The larger child, which was delivered one hour later, was malformed, but not macerated, and died two hours after birth. The surviving one was placed in an improvised incubator and did nicely for two weeks, but at the end of one month weighed but three pounds, showing a loss of one half pound. We realized that the mother's milk was insufficient, so placed him upon modified cow's milk, alternating with the breast every one and a half to two hours, with the resultant gain in weight of two ounces in the first week. It took great care, and the little one had many narrow escapes during the first six months, and he was hardly more than three fifths the normal size when he was one year of age. This child had not the symptoms of infantile hyperglycæmia, the stools never showing evidences of sugar excess, but they did show fat and proteid indigestion.

The mother made a very satisfactory recovery; urine did not show a positive sugar reaction after delivery and many subsequent examinations during the next three and a half years failed to give a positive reaction; the bronzing of the skin slowly but gradually improved and was normal by two years later. The hemorrhage from the bowel reappeared, but not so frequently as before, then disappeared for eighteen months and then recurred. Patient gained flesh and strength and is now about as nearly normal as at any time during the last ten years.

Case 2. Mrs. M. L. T., age 24 years, pregnant for the second time. The first pregnancy resulted in miscarriage at the sixth month, and, judging from the study of her conditions during the second gestation, the same severe suffering and nervous upset combined to lead up to the trouble in the former instance and persuades me that the miscarriage was due to glycosuria, although preceding by five years the pregnancy now under discussion, and no examination for glycosuria was then made.

The urine during the second gestation was examined from the third week on, and was negative the third week. Nausea and vomiting were so troublesome at the sixth and seventh weeks that the morning meal was taken in bed. The urine reduced Fehling's solution the tenth week. A diet of milk, baked potatoes and oat-meal was prescribed. Thirteenth week, fermentable sugar one and a half grains to the ounce of urine. Fifteenth week, no sugar and no albumen.

Twentieth week, no sugar and no albumen. Twenty-eighth week, urine negative. Blood pressure 110 m. m.

Two days later patient complained of feeling badly. Urine submitted for examination. Specific gravity 1030. Sugar was present.

The thirty-second week urine was free from sugar and, before leaving home for the A. M. A., meeting at Atlantic City, instructions were given regarding the diet and that a specimen of urine be taken to a local physician for analysis each week, which was done, but whether these specimens were examined for sugar or not I am unable to say. On my return home I found that patient had been delivered of a six pound child, eighteen days prematurely, labor short, natural and easy. On the eighth day after delivery I was called and requested to take charge of the babe as it had not done well any of the time since birth. It was wakeful and crying aloud almost incessantly, the bowels discharging frequently a greenish foamy substance. The weight had gone down to five and a half pounds. The character of the infant stools caused me to direct my attention to the mother. The mucous membrane of her mouth and tongue was very dry. Great thirst and polyuria were very marked. Pulse 120. On examining, found enlarged thyroid. The urine was not examined.

She was put upon plain milk diet. Medication. Hypophosphites. She improved rapidly and by eight or ten days her pulse was 80. Babe was taken from the breast and fed modified cow's milk, and given alkaline elixir rhubarb and potassium. It began to improve at once. Slept 20 hours of each 24 and in five days had gained one half pound. We returned infant to mother's breast when three weeks old and had no further serious trouble, except babe was prone to slight attacks of indigestion, but it made a steady gain and was fully three quarters the normal size when one year old.

Two and one half years have elapsed without any return of glycosuria in the mother.

Case 3. Mrs. W. H., age 28. Fourth pregnancy. Had always

been strong and well. No miscarriages. Began complaining the seventh month of pruritus vulvæ, thirst polyuria. Previous specimens of urine had been negative both for sugar and albumen, but now sugar was present, one grain to the ounce. Plain milk and baked potato diet cleared the urine of sugar in two weeks. Sweets only, were restricted from her diet from this time forward, otherwise a liberal diet was allowed and all subsequent urinary examinations weré negative for sugar and albumen.

A seven and a half pound male child was born at term, labor normal, puerperium uneventful, and no return of sugar during the two and one half years that have elapsed since this pregnancy.

The babe was normal at birth. No food or water was given him during the first 24 hours, at the end of which time I found him with a rectal temperature of 104. bowels discharging frequently a greenish foamy stool; infant restless and colicky. A typical picture of the older artificially fed babe who has had diet far too rich in sugars.

The question now arose, from whence came this sugar?

I gave the baby a mercurial purge, saline enemas and soda bicarbonate, one grain every three hours. We commenced elimination and neutralization on the mother at once and she was given a milk diet. Infant was much improved by the end of the next twenty four hours and was allowed the breast on the third day. He did better than the other two, but was not quite up to the standard in development when one year of age.

The liquor amnii has been found to contain sugar in more than fifty per cent of all cases of maternal glycosuria. Sugar is found also in the blood of infants and fœtuses born of diabetic mothers.

I believe that these symptoms in the newborn, which are identically the same as those found in older babies to whom have given sugars in excess of their normal requirements, can be thus explained, and upon this hypothesis it was, that I carried out my treatment.

1st. By cutting off the mother's milk, believing it to be laden with a higher percentage of sugar than normal and to contain acetone bodies and thyroid secretion. Whether the mother does throw off these active principles through her milk is a question I have been unable to determine, and in my search through the literature I have been unable to find anything regarding it. But we are fully aware that many of the poisons are eliminated in this way. I think it entirely plausible.

2nd. After cutting off the supply and getting rid of what we

have by neutralization, by the administration of alkalies, such as the sodium and potassium salts, and by purgation.

3rd. By feeding the infant a food as nearly the proportion of normal mother's milk as possible. This is hard to do. J. S. Fowler of Edinburg, likened mother's milk to a "Vital Fluid" and it probably possesses certain biochemical properties which are specific in the milk of every species.

From what is known concerning immunity, it is believed that the body cells take up food molecules by specific side chains, and probably, therefore, the milk of the parent animal contains its nutritive elements in a form especially adapted for easy assimilation by the side chains of the offspring. Whatever may be ultimately discovered as to the exact state of affairs, it is quite certain, however, that the variations in the milk of different animals are not purposeless but serve definite requirement in developing the digestive organs of their young. The milk of the first few days after delivery, known as the colostrium, is especially rich in the bodies known as the antigens; these are substances which have the power of stimulating the tissues to produce specific antibodies of the class of agglutinins and precipitins. Hanger has shown that the blood of the newly born calf contains no antigens, but that they appear in it within a few hours after suckling. If however, the calf be fed from the first on the milk of a cow which has been delivered a week or two earlier, it gets almost no antigens for these are scanty in the milk of the later period of lactation in comparison with the colostrium.

Some recent experiments of Moro are interesting as suggesting that maternal nursing is especially important during the early days of life. If guinea pigs be separated from their mother at birth, without ever having been suckled, and put beside a non-lactating animal, so that they are otherwise under natural conditions, 80 per cent die, no matter how carefully they are fed by hand. Of animals suckled for one day, 60 per cent can be reared artificially, and of those which are suckled from two to three days, 90 per cent can be reared.

Milk, therefore, is a fluid endowed with marked varied properties and as a preliminary to studying the artificial feeding of infants, it is necessary to consider fully the most common substitute food—cow's milk—I therefore select a cow in which the time of lactation coincides as nearly as possible to the age of the infant; by all means never select a cow that is pregnant.

My formula: Fat 2.5 to 3; Proteid, 1 to 2; Milk sugar. 4 to 6; Lime Water; Plain boiled water, q. s. 100.

In Case 1, mother's milk was insufficient, yet not poisonous.

In Case 2, mother's milk, until we had rid her of her diabetic condition and hyperthyroidism, was poisonous.

In Case 3, babe was born it seemed with the poisonous principles in his blood, liver and intestinal canal. He could have swallowed in utero enough of the sugar laden liquor amnii to have produced within his intestinal tract the conditions as related.

Turning again to the maternal side, the kidney is only impermeable to sugar when its percentage in the blood is not above a certain limit; this limit of percentage in the normal individual is about 1 to 1000, instead of 2% 3% or 4% as formerly taught. The normal pregnant woman's organisms react upon polysaccharids in the same way as do those of the non-pregnant. That the liver is unable to make use of normal amounts of sugar during pregnancy is conceded by Eshnes, Lanz and others. That there is an increased permeability of sugar in the kidneys is an open question. That there are changes in the blood, thyroid, liver, nervous system, kidneys, etc., during pregnancy, is certain.

Blood. Leucocytosis, decrease in the albumen content, and increase in fibrin as is shown by the frequency of the thrombotic affections accompanying pregnancy and puerperium.

Thyroid. Hypertrophy is common in a vast number of normal pregnancies and very much more common accompanying diabetes in pregnancy. There is a reciprocal relation between the thyroid gland and the pancreas, between hyperthyroidism and diabetes, either is made worse temporarily or permanently by the supervention of the other.—Case 2 was an example.

Liver. Takes on fatty changes.

Kidney. Becomes more permeable to albumen, without characteristic structural changes.

Nervous System. With the changes in the nervous system you are all familiar and they may be credited to the account of faulty metabolism toxemia.

Then, in conclusion, I beg to submit that I do not believe that we are far enough advanced to lay this complete syndrome at the door of any one particular organ.

ACUTE NEPHRITIS, A SEQUELA OF TONSILITIS.

R. C. HARNER, M. D., Green, Kansas.

Read before the Kansas Medical Society, May 5, 1910.

The cases herein described are not materially different from

those of acute nephritis following other infectious diseases; as typhoid, pneumonia, diphtheria, and scarlet fever.

The consideration of the subject, then, resolves itself into a study of acute nephritis, bearing in mind that the tonsils are at times foci of nephritic infection.

Etiology. Given a primary focus of disease, the lymph channels and the general circulation may convey pathogenic bacteria to the kidney causing acute nephritis. More commonly, however, the cause is found in the toxins of the primary disease. These toxins circulating through lymph channels and blood stream seriously damage the walls of these vessels themselves and the neighboring connective tissues, but the greatest damage is done to the parenchyma of the kidney.

The effect of toxins on walls of blood vessels and lymph channels in all likelihood gives rise to hypertension and to edema. Probably the same poison acting on the glomeruli and on the tubules of the kidney permits the escape of albumen from blood serum to urine.

Thus we find that poison of some sort is causative of edema, of hypertension, and of albuminuria.

About the same degree of uncertainty attends our search for the specific cause of uremia. As nearly as I can come to it, is to state that uremia is caused by a retention of products of nitrogenous metabolism. Whether the products retained result from normal or from abnormal metabolism is not known. In the words of Musser: "Of the nature of the substance retained we know nothing."

Pathology. There is congestion and swelling of the kidneys. Degeneration, necrosis, and exfoliation of cells occur in the glomeruli, the capsules, and in the tubules.

The blood vessels become leaky. The capillaries of the general circulation permit the escape of serum into the connective tissue spaces causing the edema. The glomerular tuft and the tubules permit albumen and leucocytes to exude from blood stream to urine.

Evidently, normal lymph circulation is greatly disturbed, though the nature of this disturbance is not clear. Wells claims that lymph circulation is short circuited, and at the same time admits that, "There is an extraordinary lack of easily obtainable information concerning the physiology and pathology of circulation of tissue lymph."

McFarland makes these interesting observations concerning the microscopic lesions: "In scarlatina and a few other

conditions, mostly infectious in nature, the glomerules suffer serious damage, partly from intoxication and partly from colonization of micro-organisms in the capillaries and in the glomerular spaces. Under these circumstances the epithelial and endothelial cells degenerate, round cells infiltrate the tuft and the partly destroyed glomerule becomes surrounded by a mass of exudate that fills the glomerular space and sometimes extends through its neck a short distance into the tubule. This constitutes the glomerular nephritis. The true parenchyma of the kidney, the uriniferous tubule, is most prone to morbid change. It seems doubtful whether any one dies of disease without some kind of toxic disturbances of the tubular tissue of the kidney." Except in a few cases of sudden death from accidental injury, McFarland feels that he has never seen normal human uriniferous tubules. The changes pass through the whole gamut of cellular degeneration from the simple cloudy swelling to complete fatty metamorphosis and disintegration.

Case Reports. The following cases were seen during a neighborhood epidemic of tonsillitis in Nov. 1908.

Case 1. Nellie B. aged 23 years had severe follicular tonsillitis. The 11th day of the disease there was extreme cervical glandular involvement and a temperature of 104. The 14th day face and hands and ankles were edematous. Urinalysis showed a sp. gr. of 1020, acid, no sugar, no indican, and a moderate amount of albumen.

Case 2. Mary D. 7 years of age had a mild attack of tonsillitis. The 15th day swollen face and hands and ankles appeared. Urine, 1018, acid, no sugar, no indican, albumen present in small quantity. Recovery with disappearance of albumen the third month.

Case 3. Olin H. aged 7 years had very mild tonsillitis Nov. 1st, 1908. The 14th day general dropsy was noticed. Dropsy soon became extreme. The 22nd day patient suffered severe headache and blindness followed in one or two hours by uremic convulsions. These were clonic in character and localized to the lower limbs. The 24th day liver enlargement to fully three fingers below costal arch was observed. At this time abundant clay colored stools were voided. Improvement set in the 26th day, going on to full recovery. The dropsy disappeared in three weeks. The albumen remained longer, not going entirely until the third month. There has been no recurrence.

Having had in the same month of the same year these three

cases of post tonsilitis nephritis, I regarded the experience worthy of discussion before this body of physicians.

I wish to observe here that this nephritis is not properly a complication, but rather a sequela to the tonsilitis; having occurred about the 14th day following the initial tonsilitis, and when the tonsilitis symptoms had subsided for several days.

I desire to say further that two of these were mild cases of tonsilitis, and that the mildest tonsilitis was followed by the severest nephritis. The dangerously ill patient had a greatly enlarged liver and clay colored stools, in these two respects differing from any case described in the literature to which I have had access.

Treatment. The foregoing cases were treated by rest in a warm bed, a liquid diet, and frequent warm sponge baths followed by friction. Medicinally, by calomel and podophyllin sufficient to produce four or five copious stools daily.

For controlling the convulsions there was given potassium bromide and chloral hydrate per rectum. And while waiting for effects of these drugs, chloroform inhalations were administered. All three cases recovered.

Prophylaxis in acute nephritis is of utmost importance, and these cases serve to illustrate the dangers of a simple sore throat.

The kidneys should be guarded in measles, grip, and tonsilitis as well as in diphtheria and scarlet fever. A patient with either of these ailments should go to bed. I am in the habit of telling my tonsilitis patients to stay in bed at least till the fever is gone. Better stay longer. It is a saving of time to take care of one's self during even these simpler ailments. He who has grip, measles, or tonsilitis and keeps a going, takes big chances.

The following from our school laws should be rigidly enforced: "No pupil infected with any contagious disease shall be allowed to remain in any school room while so infected." and contagious disease should invariably be construed by those in authority to include these milder infections as well as the more severe.

The subject of chloride retention as a cause of nephritis is still under consideration. Enough has been ascertained experimentally and clinically to justify the restriction of salt in the treatment of nephritis, whether of the chronic or acute variety.

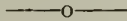
Iron is very serviceable in the later treatment of acute nephritis. Musser claims iron to be a very valuable agent in relieving the anemia, the hypertension and the cellular degeneration; giving it for these purposes over a considerable period of time.

Water is the best diuretic, and should ordinarily be given in addition to foods allowed. The nearest the amount can be estimated for an average case is to give not less than 1500 c. c. total liquids daily, a large proportion of which should be water.

Permit me to quote Billings on this topic. "The individual patient must be studied to properly regulate the desirable and useful amount of fluid intake. The young patient with fairly preserved elastic arteries and fairly balanced heart may take fluids freely, with resulting polyuria, diminished toxemia and general improvement including lessened arterial tension. On the other hand the patient with advanced arterial disease, a beginning dilatation of the heart, or one who has had capillary hemorrhages, subcutaneous, submucous, or retinal, will surely become seriously worse by a too liberal intake. I have proved this at the bedside. Individualization must be observed; the individual and not the disease must be treated."

I esume. In concluding this paper I wish to summarize the ideas here presented as follows:

1. In the main, toxins of one sort or another are responsible for acute nephritis.
2. Toxic effects are seen in pathologic cells, pathologic blood, pathologic circulation both of lymph and blood. However, the acme of pathologic process is seen in the parenchyma of the kidney.
3. Edema though moderate in degrees calls for vigorous treatment.
4. The most approved treatment is by rest in a warm bed, by a liquid diet so small in quantity as to border on starvation, and by active elimination of toxins by way of skin and bowels.
5. The simpler throat affections require that the vital organs be carefully guarded. Here as in many other diseases, prophylaxis is a most important consideration.



Do not pronounce a lesion true cancer, or carcinoma, under the mistaken idea that it is an epithelioma or a rodent ulcer. There is one ulcerative cutaneous affection, that very closely simulates epithelioma, which is known as blastomycetic dermatitis. It has a tendency to spread, both horizontally and vertically, and is also painful to a marked degree. The blastomyces may be found, and demonstrated in the lesion, and it is well to be ever on the lookout for this process which, up to the present time has been comparatively rare. A number of cases have been reported, so far.—American Journal Dermatology.

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The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1908, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

LIST OF OFFICERS.—President, O. P. Davis, Topeka; 1st Vice-President M. F. Jarrett, Ft. Scott; 2nd Vice-President, J. T. Axtell, Newton; 3rd Vice-President, G. W. Jones, Lawrence; Secretary, Chas. S. Huffman, Columbus; Treasurer, L. H. Munn, Topeka; Librarian, S. G. Stewart, Topeka.

COUNCILLORS.—1st District, C. W. Reynolds, Holton; 2nd District, Preston Sterritt, Kansas City; 3rd District, Hugh B. Caffey, Pittsburg; 4th District, W. E. McVey, Topeka; 5th District, W. E. Currie, Sterling; 6th District, Arch D. Jones, Wichita; 7th District, F. M. Dailey, Beloit; 8th District, O. D. Walker, Salina; 9th District, C. S. Kenney, Norcatur; 10th District, E. J. Beckner, Seldon; 11th District, J. A. Dillon, Larned; 12th District, W. F. Fee, Meade.

EDITORIAL

Many an irreparable fracture has been the result of jumping at conclusions.

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Since the United States Census Bureau has shown that the death rate for 1909 was much less than any previous year it is up to the Christian Scientists to assume the responsibility for the decrease.

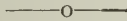
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There has been a movement in and about Kansas City to secure reciprocity by the boards of Medical registration representing Kansas and Missouri. This should certainly be accomplished as both states have practically the same requirements, and one examination should be sufficient. It is to be hoped that the time will soon come when a registration in one state will entitle one to practice medicine in any part of the United States. Of course the laws of the different states must not conflict, but must be modeled upon similar lines.

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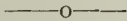
Dr. Herman E. Pearse, President of the Missouri State Medical Society, has been making talks to the laity throughout the state upon subjects pertaining to preventative medicine. This is an excellent plan and should be followed by other states. While it is not always possible to get the president of a society to leave his own

field of endeavor, still there is always some one who has the power of speech and thought who can be pressed into service. Some county societies in our own state have been holding public meetings for the benefit of the laity and they have always given evidence of much good. There is much to be taught and the efforts should be continuous and the benefits will be manifold.

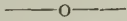


NEWS NOTES

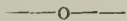
THE NORTHEAST KANSAS MEDICAL SOCIETY WILL MEET AT LEAVENWORTH, OCTOBER 27TH. A FINE MEETING IS PROMISED. THE SESSION WILL BEGIN AT 1:30 P. M.



Dr. G. R. Waite has opened an office at Kiowa, Kansas.



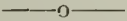
Dr. D. E. Kisecker, of Caldwell, Kansas, is spending October in the mountains.



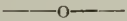
Dr. Lloyd D. Clary has purchased the office and fixtures of Dr. H. B. Morton, at Elbing, Kansas.



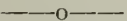
Dr. K. B. Ford, of Wichita, has gone to Clifty, Ark., where he will stay a year on account of his health.



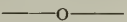
The next examination of the State Board of Registration will be held at Topeka, Kansas, Oct. 13th, 1910.



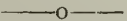
Dr. E. E. Haynes, of Lewis, Kansas, has been elected director for the Southwestern Division of the North American Esperanto Association.



Dr. George H. Brown, a practitioner of Chanute, Kansas, for more than thirty-five years, has given up practice on account of ill health and has moved to Kansas City.



Dr. P. D. Hughes, of Kansas City, Kansas, has returned from Ft. Wayne, Ind., where he spent August and September. He made the trip both ways in his automobile.



The Kansas City Medical Index-Lancet will be merged with the Medical Herald of St. Joseph, Mo., on Jan. 1, 1911. Dr. Chas. Wood Fassett, of St. Joseph, and Dr. S. Grover Burnett, of Kansas City, Mo., will be the editors.

Dr. Franklin H. Redmond has resigned his position on the medical staff of the State Hospital at Osawatomic.

The contract for building St. Luke's Hospital at Wellington, Kansas, has been let. The cost is to be \$17,000. The building is to be three stories and a basement with brick construction. This hospital is one which a city much larger than Wellington could be justly proud and represents ten years work in getting together the funds for its construction.

The following is a list of the committees appointed by President O. P. Davis, for the ensuing year: Public Policy and Legislation, J. E. Sawtell, Chairman, Kansas City; W. E. McVey, Topeka; A. D. Jones, Wichita. President and Secretary Members Ex-officio Scientific Work—Chas. F. Huffman, Chairman, Columbus; J. W. May, Kansas City; O. D. Walker, Salina. Dr. J. E. Sawtell, Kansas City, appointed to represent Kansas on the National Council of Health and Public Instruction.

Death Rate for 1909.—The death rate in the registration area of the United States for 1909, is lower than that for any previous year; the U. S. Census bulletin on mortality statistics gives the death rate, based on the provisionally estimated population for that year, as 15 per thousand, as against 15.4 for 1908. The bulletin states that it is evident that an era of low mortality has begun and cites the fact that the death rate in England and Wales for the same year was 14.5, and for London was 14. This latter fact demonstrates the fallacy of the idea that high death rates are necessarily found in large cities. The largest number of deaths returned for any month of 1909 was 70,093 for March, and the month having fewest deaths was June. The registration area comprised 55.3 per cent of the estimated population for that year.

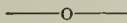
SOCIETY NOTES.

The American Association for the study and Prevention of Infant Mortality will hold its annual meeting in Baltimore, Nov. 9-11.

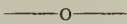
A county Medical Society was recently organized in Harper County and the following officers were elected: C. J. Callender, President; A. H. Barber, vice-president, W. E. Regier, secretary and treasurer.

The Northeast Kansas Medical Society will hold their semi-annual meeting at Leavenworth, Oct. 27th, in place of October 13th, the latter date conflicting with the Southwest Medical Society which meets at Wichita October 11-12th. Physicians who are not members are cordially invited to the meeting and the Leavenworth doctors insure a good time for all.

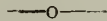
The forenoon will be spent in an autotrip to the Fort, Soldier's Home, and the large prisons. Following is the program: Rabies and its Treatment, Dr. A. B. Jeffrey, Topeka; Cold Abscess,—A Few Remarks, Dr. Hugh Wilkinson, Kansas City; Gall Stones, Dr. C. J. McGee, Leavenworth; The Doctor, Dr. E. J. Blair, Lawrence; Tonsil Operations, Dr. J. E. Sawtell, Kansas City; Embryology of Teratomata, Prof. C. E. McClung, Lawrence; Chronic Interstitial Nephritis, Dr. P. B. Matz, Soldier's Home; Stricture of Urethra, Prognosis and Treatment, Dr. S. G. Zinke, Leavenworth; Paper, Dr. J. Roy Mains, Whiting; Paper, Dr. G. W. Jones, Lawrence.



Mississippi Valley Meeting.—At the thirty-sixth annual meeting of the Mississippi Valley Medical Association, held in Detroit, Sept. 13 to 15, the following officers were elected: President, Dr. Robert H. Babcock, Chicago; vice-presidents, Drs. Arthur D. Holmes, Detroit, and Charles E. Barnett, Fort Wayne, Ind.; secretary, Dr. Henry Enos Tuley, Louisville, (reelected); and treasurer, Dr. S. C. Stanton, Chicago, (reelected.)

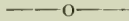


The International Medical Association for the Prevention of War will hold its first congress, in Paris, some time in 1911. Applications for membership should be addressed to Dr. J. A. Rivierie, President, 25 rue des Mathurins, Paris, France; or to Dr. George Brown, Secretary of the American Section, 312 Austell Building, Atlanta, Ga. Among the list of vice-presidents are found the names of Drs. James Tyson, Philadelphia; C. H. Hughes, St. Louis; Howard A. Kelly, Baltimore; and Franklin H. Martin, Chicago.

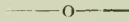


Following is the program of the October meeting of the Golden Belt Medical Society held at Junction City, Kansas, Oct. 6th, 1910: Paper—"Unconventional Treatment of the Puerperium," Dr. J. D. Riddell, Enterprise; Discussion—Opened by Dr. E. L. Simonton, Wanego; Paper—"An Unusual Tumor of the Back in a child Five Months Old," Dr. H. E. Pearse, Kansas City, Mo.; Discussion,—

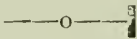
Opened by Dr. R. C. Lowman, Kansas City., Mo. Paper—"Acute Eye Injuries," Dr. E. E. Hazlett, Abilene; Discussion—Opened by Dr. A. G. Anderson, Salina; Paper—Dr. H. L. Alkire, Topeka; Discussion—Opened by Dr. J. D. Colt, Manhattan; Paper—W. H. Carr, Junction City; Discussion, Opened by Dr. W. A. Smiley, Junction City.



In cases of ischio-rectal abscess extending down to the rectal wall, it is generally advisable to abstain from opening into the bowel and establishing a fistula, with its disagreeable features. If properly drained, many of these abscesses will heal without perforating into the rectum.—International Journal Surgery.



In cases of severe injury demanding amputation it is often advisable to defer operation for twelve to twenty-four hours, until the patient is in a better condition for the anesthesia. To operate immediately on patients addicted to alcohol and with full stomachs, greatly increases the risks of pneumonia, nephritis or embolism after etherization.—International Journal Surgery.



Medical Society of the Missouri Valley.—The annual meeting of the society was held at Council Bluffs. The oration in surgery was given by Dr. Norvelle Wallace Sharpe, of St. Louis, who presented a lecture on fractures of the femur, illustrated by skiagraphs and drawings. Dr. George Howard Hoxie, of Kansas City, delivered the address in medicine, his subject was arthritis. The presidential address by Dr. A. B. Somers, comprised a review of the progress in obstetrics. The society placed itself on record as endorsing the Owen Public Health bill, as well as condemning the use of all chemical preservations in foodstuffs. A change in the by-laws was effected, giving Omaha and Council Bluffs, the annual meeting alternately. Officers elected: President, Dr. Donald Macrae, Council Bluffs; first vice-president, Dr. J. M. Bell, St. Joseph; second vice president, Dr. J. M. Banister, Omaha; treasurer, Dr. Thomas B. Lacey, Council Bluffs; secretary, Dr. Charles Wood Fassett, St. Joseph. St. Joseph was selected as the place for next meeting, March, 1911.

The South-east Kansas Medical Society held its semi-annual meeting in Chanute, September 27.

About 50 doctors were present. The following program was given: "Laryngeal Diphtheria or Membranous Croup, a Case Report." Dr. R. C. Henderson, Erie; "Tonsillectomy," Dr. T. D. Blasdel, Garnett; "The Diseased Faucial Tonsil and Its Treatment," Dr. J. H. Johnson, Coffeyville; "The Prophylaxis of Sexual Diseases," Dr. E. A. Miner, Independence; "A Case of Uterus Septus with Some Unusual Complications," Dr. M. A. Finley, Cherryvale; "Sexual Plagues," read by title, Dr. H. L. Hopper, Fort, Scott; "Acute Poliomyelitis," read by title, Dr. H. H. Bogle, Pittsburg; "The Surgical Treatment of Ascites," Dr. J. F. Binnie, Kansas City, Mo.

The social needs of the visitors were provided for by an automobile ride about the city and a banquet following the program.

Independence was chosen for the next meeting, which will be held early in April.

O. S. HUBBARD, Sec'y.

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Following is the program of the 5th Annual Meeting of the Southwest Medical Association to be held at Wichita, Kansas, October 11-12, 1910. Headquarters will be in the library room of the Scottish Rites Temple. Hotels—Eaton, Hamilton, Manhattan.

General sessions to be held in the Auditorium of the Scottish Rites Temple.

General Program, Tuesday, October 11.—8:00 a. m.—Meeting of Executive Committee in parlor of Hotel Eaton. 9:00 a. m.—Called to order by Dr. C. E. Bowers, Chairman Committee of Arrangements. Invocation Rev. W. S. Preist; Addresses of Welcome.—Hon. C. L. Davidson, Mayor of Wichita; Dr. O. P. Davis, President Kansas State Medical Society; Dr. E. J. Oldham, Wichita, Kansas; Introduction of President, Dr. G. H. Moody; Response to Address of Welcome by Dr. T. E. Holland, ex-president, M. A. S. W; Announcements of Committees; 12:00 m.—Caucus of State Delegations for election of five members from each State to serve on Nominating Committee; 7:30 p. m.—Address of President; 8:00 p. m.—Oration on Surgery, by Dr. E. H. Ochsner of Chicago; subject, "Prevention and Treatment of Septic Infection of the Extremities." 8:00 p. m.—Receiving Parlor Scottish Rites Temple, Informal Reception for Visiting Ladies; 9:00 p. m.—Scottish Rites Banquet Hall, Banquet tendered visiting physicians and their ladies by the profession of Wichita.

Wednesday, October 12.—8:00 a. m.—Meeting of Executive Committee, parlor Hotel Eaton: 8:00 a. m.—Meeting of Nominating Committee; 8:30 a. m.—Reports of Officers; Report of Nominating Committee; Election of Officers; 10:30 a. m.—Ladies meet at Scottish Rites Temple and will go for an automobile drive, closing with luncheon at Riverside Club at 1:00 p. m.

Section of General Medicine.—H. M. Lyle, M. D., Kansas City, Mo., Chairman; E. M. Boardman, M. D., Parsons, Kan., vice-chairman; A. W. White, M. D., Oklahoma City, Okla., secretary; Meeting place, Crystal Room, Scottish Rites Temple.

Program. 1. Medical Treatment of Hemorrhoids, Dr. Arthur A. Wills, Oklahoma City, Okla; 2. Colica Mucosa, with Report of Cases, Dr. E. H. Thrailkill, Kansas City, Mo; 3. Puncture Drainage in Odema, Dr. M. L. Graves, Galveston, Texas; 4. The Treatment of Certain Infections of the Skin with Vaccines, Dr. W. H. Mook, St. Louis, Mo; 5. Ptyalism, Dr. C. Travis Drennen, Hot Springs, Ark; 6. Mental Symptoms in Uremia, Dr. W. L. Allison, Fort Worth, Texas; 7. Duodenal Ulcer, with Report of Cases, Dr. C. C. Conover, Kansas City, Mo; 8. Cardiac Murmurs and Their Clinical Significance; Introduction, frequency of Cardiac murmurs; organic murmurs, functional murmurs, the need of systematic, intelligent examination of the heart and a more rational interpretation of Cardiac Murmurs, Dr. Lewis J. Moorman, Oklahoma City, Okla; 9. Pure Milk and Its Possibilities for Infant Feeding, Dr. F. C. Neff, Kansas City, Mo; 10. Epistaxis as met by the General Practitioner, Dr. J. H. Johnson, Coffeyville, Kan; 11. Germo-Phobia, Dr. A. K. West, Oklahoma City, Okla; 12. Psoriasis, Dr. W. J. Frick, Kansas City, Mo.

Section on Surgery.—Chairman, Dr. Wm. Keiler, Galveston, Tex; vice-chm., Dr. D. A. Myer, Lawton, Okla; secretary, Dr. Howard Nill, Kansas City, Mo.

Section in Surgery—Chairman, Dr. Wm. Keiler, Galveston, Texas; Vice-Chairman, Dr. D. A. Myers, Lawton, Okla; Secretary, Dr. Howard Hill, Kansas City, Mo. The Post-operative Care and Treatment of Suprapubic Prostatectomy with Special Reference to the Method of Drainage, and the Treatment of Shock and Hemorrhage, Dr. D. W. Basham, Wichita, Kan; Post-operative Thrombosis and Neuritis with Report of a Case, Dr. St. Cloud Cooper, Ft. Smith, Ark.; Gynaecology Maxims, Dr. John F. Kuhn, Oklahoma City, Okla.; The Treatment of Patients Desperately Ill in Consequence of Accident (Abstract: Shock, Hemorrhage and Infection), Dr. Charles E. Bowers, Wichita, Kan.; Appendicitis Obliterans—A Clinical and Pathological Study, Dr. A. L. Blesh, (Dr. Reed),

Oklahoma City, Okla.; Methods and Material, the Secret of Success in Local Anesthesia, Dr. Arthur E. Hertzler, Kansas City, Mo.; Gastric Roentgenology, Dr. E. H. Skinner, Kansas City, Mo.; Laceration of the Cervix and Perineum—Immediate and Late, Dr. Frank A. Glasgow, St. Louis, Mo.; Pyloric and Duodenal Obstruction from Extra Gastric Lesions, Dr. Gordon A. Beedle, Kansas City, Mo.; Extra-Uterine Pregnancy Complicated by Perforation of the Rectum; Report of Case, Recovery, Dr. Fred S. Clinton, Tulsa, Okla.; Colitis, Dr. W. H. Stauffer, St. Louis, Mo.; Symptoms and Diagnosis of Extra Uterine Pregnancy, Dr. H. S. Crossen, St. Louis, Mo.; Treatment of Extra-Uterine Pregnancy, Dr. Walter B. Dorsett, St. Louis, Mo.; The Significance of Epigastric Symptoms, Dr. H. C. Crowell, Kansas City, Mo.; The Unusual Post-operative History of a Case of Abdominal Section at Which a Diagnosis of Cancer Was Made, Dr. Leroy Long, McAlester, Okla.; Gonorrhoeal Infection of the Rectum, Dr. Rollin H. Barnes, St. Louis, Mo.

Section on Eye, Ear, Nose and Throat. Section Meetings to be held in the Egyptian Room, Scottish Rites Temple.

Chairman, Dr. J. F. Gsell, Wichita, Kans; Vice-Chm, Dr. G. W. Maser, Parsons, Kans; Secretary, Dr. H. Coulter Todd, Oklahoma City, Okla. 1. Address of Chairman, Dr. J. F. Gsell, Wichita, Kans; 2. Indirect Illumination and the Modification of Artificial Light by Colored Glass, Dr. A. W. McAlester, Kansas City, Mo; Discussion opened by Dr. Z. N. Short, Hot Springs, Ark; 3. Why and When Refraction is of Value, Dr. Edward H. Carry, Dallas, Tex; Discussion opened by Dr. J. H. Barnes, Enid, Okla; 4. A Case of Nasal Polypi, Dr. R. S. Magee, Topeka, Kans; Discussion opened by Dr. Frank Boyd, Fort Worth, Tex; 5. The Possibilities of the X-Ray in Diagnosis of Eye, Ear, Nose and Throat Diseases, Dr. Edward H. Skinner, Kansas City, Mo; Discussion opened by Dr. E. S. Lain, Oklahoma City, Okla; 6. Etiology of Squint, Dr. W. T. Salmon, Oklahoma City, Okla; Discussion opened by Dr. J. S. Litchenberg, Kansas City, Mo; 7. Transferred Ophthalmitis, Dr. Jno. O. McReynolds, Dallas, Tex; Discussion opened by Dr. L. Haynes, Buxton, Oklahoma City, Okla; 8. Radical Operations for the Relief of Orbital Complications of Diseases of the Neighboring Sinuses, Dr. H. Moulton, Ft. Smith, Ark; Discussed by Dr. R. H. T. Mann, Texarkana, Ark., and Dr. J. E. Sawtell, Kansas City, Mo.

Obituary.

Dr. John Troutman, aet 65 years, who has practiced medicine for the past twenty years in Kansas City, Kansas, died recently at his old home, Wooster, Ohio, following a surgical operation. He was one of the most successful and respected practitioners of the State and his loss is keenly felt by his colleagues. He was president of the Wyandotte County Medical Society, 1904-5, and a contributor of many articles before that body. He was also a member of the American Medical Association, the American Electro-therapeutic Association and the Kansas Medical Society. A member of the Medical Staff of Bethany Hospital and professor of electro-therapeutics in the Kansas State University. He graduated from the Missouri Medical College, St. Louis, 1877. He leaves a wife and two children to mourn his loss.

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Morris Clifford Hutton, M. D., University of Kansas, Kansas City, 1906; of Kansas City, Kan; physician to the Swift Packing Company; died from gangrene at the Bell Memorial Hospital, Rosedale, Kan., August 31, aged 26.

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MISCELLANEOUS

The New York Herald some time ago placed the average annual income of the profession at \$1,250. There have been lower estimates than this even, but the figure named is conservative. This seems a most inadequate return for ten years of preparation, an outlay of from \$7,500 to \$10,000 before the student arrives at the age of earning capacity.—New York State Journal of Medicine.

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Dr. W. W. Keen of Philadelphia, has great repute as a surgeon. In New York, one winter afternoon last year, he saw a man slip on an icy pavement and fall heavily. He hastened at once to the poor fellow's assistance, and found that he had broken his leg.

Dr. Keen used his umbrella as a splint, and with his own and several borrowed handkerchiefs bandaged the broken limb, tightly. As he finished his task the ambulance arrived.

"You've bandaged this rather well," the young white uniformed ambulance surgeon said to Dr. Keen.

"Thank you," replied Dr. Keen.

"I suppose," the youth continued, "that you have been

reading up some 'First Aid to the Injured' treatise, eh? They say a little learning is a dangerous thing, but really, the little you have learned about surgery you have put to a good account. Give me your name and address and I'll forward your umbrella to you."

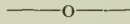
"I'll give you my card," said Dr. Keen. He did so, and the young surgeon flushed as he read upon the card the name of the greatest of modern surgeons.—Critic and Guide.

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A CHINESE TRIUMVIRATE.

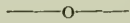
According to the Medical Record the doctor, dentist, and barber are powerful factors in Chinese civilization. Once a week the Chinaman visits the barber for a general overhauling. First the head and face are shaved; then the ears are scraped and cleansed with a small brush made of duck's hair; third, the upper and lower eyelids are scraped with a dull edged knife, all granulations being smoothed away, after which a salt solution is applied with a duck's hair brush. It is for this latter reason that so much blindness is found in China. No antiseptic precautions whatever are taken; all instruments are held in the operator's hand when not used. Finally the patient's back is massaged; and latter paying a fee of three cents (and no tip) he leaves the shop feeling clean outside. He next consults the physician. After undergoing the usual examination (a form of military inspection) the case is diagnosed and treated, unless a devil happens to jump down the patient's throat. For this the only remedy that will serve is the setting off of one hundred firecrackers, and a daily visit to the joss house. This done he receives the usual pills for those vacated by the devil; these may consist of spotted rhinoceros horn—a wonderful cure for intestinal troubles; these horns come from southern China and in the Singapore market a single specimen will bring \$25. Tiger bones, ground and mixed with Chinese wine make a valued blood tonic much used in northern China among all classes; the recipe is held by a Shanghai firm, which has become very wealthy upon it. Old deer horns are boiled down to make the medicinal glue which binds the fifty ingredients composing the average Chinese pills; in these one may get anything from a pint of gunpowder to cobra tail dust. Of equal medicinal efficiency are three high-grade tiger remedies—the eyeball, liver and blood. The genuine tiger eyeball can be prescribed only for the very wealthy Chinese; similarly the liver, dried and reduced to a powder, is worth its weight in gold; tiger blood, evaporated to a solid at a high temperature is believed by Asiatics

to transform a craven into a hero. Finally the dentist is looked up: this professional will be found on any street corner in all large Chinese cities. He is very impressive by reason of his seriousness; always reading and thinking of his collection of some 2,000 teeth on a table, and a few bottles of some secret drugs said to contain the moisture of the inner side of an old coffin collected after a ten year's burial. The dentist in China is called a boxer; for he is supposed to have great strength in his arms and hands.—American Medicine.



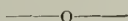
CLINICAL NOTES

Three Points of Importance in Intestinal Obstruction.—Dr. W. J. Mayo (Lancet-Clinic) says: "In acute intestinal obstruction I think there are three points so important that every surgeon of large experience must have had them brought to his mind time and again. First, do not give cathartics to a patient if you suspect intestinal obstruction. I have noticed particularly that the cases that have been brought to us practically in moribund condition, have had catharsis early, and thereby their chances of recovery have been diminished to a very serious extent. Second, do not give opium, because it masks the symptoms, and our only hope of recovery from operation lies in getting the patient to operate on early. Third, do not give food.—American Medicine.



Poliomyelitis.—The pathology and bacteriology of acute poliomyelitis are discussed in a communication in the Journal A. M. A., September 17, by H. E. Robertson and A. J. Chesley, Minneapolis. Dr. Robertson gives a review of the literature and reports 6 cases with autopsy. From these he deduces the following: "1. Acute anterior poliomyelitis is a specific infectious disease characterized pathologically by general toxemia affecting the parenchyma of the heart, liver and kidneys and the lymphoid tissues of the body, but spending itself locally on the structures of the spinal cord. 2. Grossly the cord is congested, and on transverse section shows softening and often hemorrhages in the gray matter of the anterior horns. 3. In the cord the infectious agent is located in the perivascular lymph channels of the anterior portions, especially invading the gray matter, but extending to the white matter and pia and occasionally the posterior horns. The brain stem and basal ganglia may be involved. In the cord the medulla and cervical and lumbar swellings are particularly affected. 4. The characteristic lesion consists of collections of cells in the

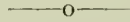
perivascular and pial lymph channels and tissue spaces of the anterior horns. Of these cells the polymorphonuclear leukocytes appear early and are relatively few in number. They are soon displaced by endothelial cells arising from proliferation of the lining endothelium and lymphocytes coming from the blood and lymph streams. 5. Edema of the interstitial tissue and degeneration and destruction of the ganglion cells are always present. 6. The vessels are congested, their walls degenerated and the capillary branches in the gray matter irregularly distended and often ruptured, giving rise to hemorrhages, which always intensify markedly the amount of destruction. Thrombosis was not observed. 7. Early degeneration of nerve fibres from the anterior roots is a constant feature. 9. Stains for micro-organisms were uniformly negative." The bacteriologic part of the report is made by Dr. Chesley. The observations and experiments appear to have been made with great care. Both lumbar puncture and specimens from autopsies were employed, as well as one inoculation into a monkey and numerous similar ones in rabbits. The experimental work confirms the opinion already expressed by other observers that Geirsvold's diplococcus is not a causative factor in the disease. The authors look forward for the solution of the etiologic problem by the workers of the Rockefeller Institute, whose labors have already been so fruitful in enlightening us as to this disease.



Strangulated Hernia.—Van Assen of Lanz's clinic in Amsterdam (*Beitrag zur klinischen Chirurgie*, Bd. 65, Heft 2) reports upon his experience with 100 cases of strangulated hernia. Of this number 33 were inguinal, 27 in males and 6 in females; 60 femoral, 8 in males and 52 in females; 4 umbilical, all females; 1 epigastric, female. As a rule the patients were operated upon as soon as they were admitted to the hospital; only in 8 cases of omental hernia was operation postponed, for one or more days. In children, as a rule, an effort was made to secure reduction by elevation of the pelvis for several hours. If this did not succeed, operation was performed without delay. There were but two deaths. In eight cases there was feculent vomiting, and in five other cases the fluid in the hernial sac was malodorous. One patient was only six days old, four were under a year, eighteen between sixty and seventy, seventeen between seventy and eighty, and three over eighty years of age. In view of the fact that these ages would naturally add to the gravity of the affection the low death-rate is worthy of remark. Usually in inguinal hernia the radical

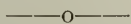
operation of Bassini was done; more lately that of Postempski. Sixty-one cases were operated upon under local anesthesia; in six cases operation was begun under local but had to be finished under general anesthesia.

The author's conclusions are as follows: Every strangulated hernia should be operated upon as soon as possible without effort at reduction by taxis, because even in the early hours of strangulation taxis is dangerous, whereas the results of operation are almost always ideal. In active syphilis or infection of the field of operation, however, if there is no special contra-indication, taxis should be tried before resort is had to operation. In small children, if there is no general restlessness, an attempt should be made to bring about reduction by elevation of the pelvis. Strangulated hernia should as a rule be operated upon under local anesthesia.—Therapeutic Gazette.



Vaccine Therapy.—C. L. McDonald, Cleveland, Ohio (Journal A. M. A., March 19), reports his experience with vaccine therapy in various classes of cases. He has followed the methods of Wright, except that he usually omitted the estimation of the opsonic index as a routine measure, employing it only in cases in which the clinical rules are not a sufficient guide. He finds no hard and fast rule as to dosage can be given, as different strains of bacteria vary as to degree of virulence, as does the susceptibility of individual patients. Generally speaking, the more acute the infection the smaller the dose. In chronic cases, on the other hand, enormous doses may be required. In a case of staphylococcic pustular acne, for example, it is his custom to inoculate with an initial dose of 200,000,000 staphylococci and he instructs the patient to return at the end of seven days. If then his pustules are fewer in number and smaller and more superficial, he is instructed to return three days later. If at this time he says his face is not so clear as it was on the ninth day, he is reinoculated and instructed thereafter to return every eighth day, assuming that at this time his immunity has reached its height and by reinoculation will be kept there. The initial dose is kept up until improvement lags, when it is doubled. In case of mixed infection, as with a staphylococcus and pneumococcus, he makes a smear from the discharge, estimates the proportions of the two organisms present and holds to this ratio in inoculating the patient with the corresponding vaccines. Occasionally the estimation of the opsonic index will have to be employed. While rapid results may follow a first inoculation, the latter ones may not be so satisfactory, and

he finds the best results obtained by beginning, with a minimum dose and increasing as described above. He divides his cases into four classes according to their type, duration, severity, and amenability to therapeutic immunization, as follows: Class A, subacute infections, with pyemia as a type. Class B, chronic infections, with pustular acne or otitis media as a type. Class C, acute localized infection, with erysipelas or acute cystitis as a type. Class D, acute general infection, septicemia as a type. Of these, the first two are the most amenable to bacterial therapy. In the second class, the results were satisfactory, though not so uniformly good as in Class A, owing to the facts of their long continuance and the thick walls of some of the sinuses. At least 40 per cent. of the patients were permanently cured, 50 per cent. were improved, while 5 per cent. are slightly benefited, and the remaining 5 per cent. are failures. In acute rapidly spreading infections, such as are included in Class C, the vaccines were not effective, but if the opsonic index was relatively high, vaccines in small doses repeated every other day were capable of doing good. The large number of spontaneous cures in erysipelas renders the vaccines treatment inappropriate as routine treatment and it should as a rule be reserved, in the author's opinion, for cases running an unusually long course, or those accompanied by abscesses. In Class D, acute general infections, vaccine treatment is of no use. What, McDonald asks, can be gained by inoculation of the patient with a few million more dead bacteria when he has an over-abundance of them already in the blood stream?



MEDICINAL TREATMENT OF SUB-ACUTE AND CHRONIC GOUT.—The Canadian Journal of Medicine and Surgery for January, 1910, editorially discusses this subject:

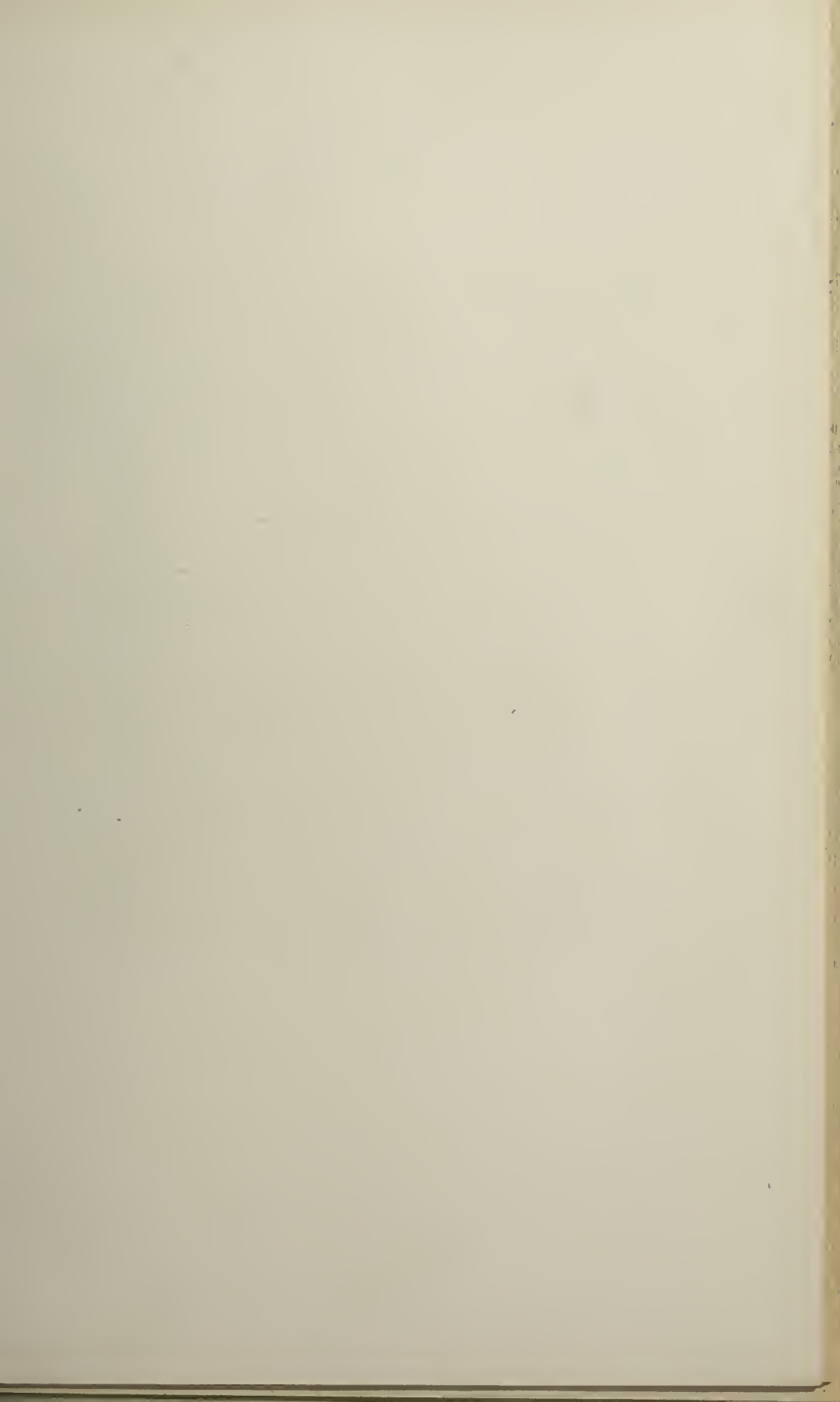
As gouty subjects are more prone to suffer from the injurious effects of constipation, of even a slight degree, than are non-gouty individuals, purgatives should be combined with colchicum in the treatment of gout. From personal experience we can recommend a pill made of half a grain of extract of colchicum, half a grain of podophyllin, and two grains of extract of aloes, the dose to be repeated according to the requirements of the case. A milder remedy than colchicum is guaiacum resin, which may be given as an alterative to stimulate the metabolism of the liver, and relieve an engorged portal system. From five to ten grains of guaiacum should be given in cachets two or three times a day, according to its effect on the bowels, since guaiacum sometimes acts as a laxative. The method of giving powdered guaiacum in cachets is

preferable to giving the tincture of guaiacum in a mixture, as in the latter form a nauseous medicine is produced and the precipitated resin tends to cling to the tongue and fauces of the patient. Free diuresis should be produced by the drinking of sufficient quantities of pure water. The citrate of potassium or the bicarbonate of potassium may be also used with advantage as a diuretic to encourage the elimination of the toxic agents of gout. The potassium salt is converted into a carbonate in the kidneys and serves to diminish the acidity of the urine, which is generally high in connection with the gouty paroxysm, while, at the same time, it increases the solvent power of the urine for the uric acid salts, and so assists in their elimination.

In cases of sluggish action of the liver, gastrointestinal catarrh and torpor, gouty dyspepsia and other forms of irregular gout, in which there are no appreciable uratic deposits in the joints, the moderate use of mineral waters containing sodium salts is beneficial, owing to the action of these salts as hepatic and gastrointestinal stimulants. As much cannot be said for lithia salts, which are very much used as remedies for gout. The principal objections to lithia are its toxicity and its depressing action on the heart. To offset these dangerous characteristics, it is used in such small doses that any real therapeutic effect from it is open to serious doubt. The regular use of lithia as a curative for the gouty diathesis is not good practice.

In marked cases of the gouty diathesis, the joints, especially the joints of the hands and feet, become enlarged and tender owing to two causes: the deposition of sodium biurate in the cartilages and fibrous tissues of the affected joints, and a chronic inflammation thickening of the fibrous tissues of these joints. For the reduction of this thickening, as well as for painful gout of the foot, and for gouty neuralgic affections, iodide of potassium may be administered internally in doses of ten grains three times a day, and this medication ought to be continued for a considerable time.

- Plethora from high living and lack of exercise induces a rise of blood-pressure, which, if long continued, causes an injurious strain on the arterial walls. Hence the necessity of a spare diet in gout, together with moderate exercise in the open air. The occasional use of the colchicum pill mentioned above, by eliminating toxins, will tend to prevent arterial diseases and recurrences of gouty paroxysms.—Therapeutic Gazette.





DR. M. L. PERRY,
President Southwest Medical Association, 1910-11.

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VITAL STATISTICS IN RELATION TO PUBLIC WELFARE.

W. J. V. DEACON, Statistician State Board of Health.

Read before the Kansas Medical Society, May 5, 1910.

When the Mayflower discharged its cargo of hardy pioneers on the frowning, rock-ribbed shores of New England they brought with them a stern discountenancing of all pleasure. Even the most innocent forms were frowned upon as a witchery of evil and the world was called upon to walk in a path of serious righteousness under the ban of spiritual condemnation. The world of to-day has learned to take its pleasures as a part of its every day life and although the stern Puritan has passed away the last generation has raised another band of mentors who are warning the Nations against many things, the punishment for which, however, is temporal rather than spiritual. The sociologists and the practitioners of sanitation and preventative medicine would have all men walk in the narrow paths of hygienic rectitude. These men will not let us be dirty; they will not let us eat too much; they will not let us live in stuffy houses with the doors and windows closed and sealed.

We all know that their preaching has marked great results in the world of human progress, and the average layman does not, and cannot realize this progress unless you tell him by means of advertising. A well recognized form of advertising is the gigantic crusade which the present decade has brought forth against tuberculosis. These great educational exhibits which are being sent out over the country by State and organized charity and the publication of articles on the subject are all advertising.

But more than either of these must be the advertising of the effect of all communicable or transmissible diseases upon the public health; the possibility and effect of contaminated water supply; the dangers from untreated sewerage; the dangers from adulterated and unprotected food supply.

How will you reach the people, and correct the existence of these evils, except by advertising?

How will you get the facts to furnish you effective copy for your advertising without the aid of Vital Statistics?

It has been said that Vital Statistics can make disease centers as obvious, and as offensive as the smoking nuisance. They will not do this, however, unless they are advertised. The compilation of Vital Statistics as a matter of history, is worse than useless, and does not begin to furnish an adequate return for the time, money and effort put in their compilation. To be of real value Vital Statistics must be a guide to our public health officials, and to every public spirited physician, in the campaign against disease.

That the collection and publication of Vital Statistics is of great importance is a well recognized fact. In international statistics practically every well known European State is represented. In addition I might mention such countries as New South Wales, Tasmania, New Zealand, Ceylon, Jamaica, Finland, Roumania, Bulgaria, Japan and Chili. **The United States as a whole is not represented in international Vital Statistics.** This deplorable condition in the United States causes it to be classified with those portions of Africa recently illuminated by America's greatest shining light, Borneo, Micronesia and such countries of the Globe from which vital statistics are not expected. This unfortunate condition cannot continue much longer. This lack of vital statistics for the United States is perhaps due to our form of Government and the solution will depend upon a thorough education of the people and the hearty co-operation of all concerned.

Vital Statistics has been called the book-keeping of sanitary science, and while this is true we must not forget that the sanitary uses of vital statistics should not be permitted to blot out the importance of the legal or demographic uses. Three important reasons have been given for demanding the registration of births and deaths. These are: first, the protection of the rights of the individual and of the community; second, the protection of the health and lives of the people; and third, the knowledge of the movement of the population.

In this country especially the sanitary use of vital statistics has been so general that the importance of the legal value has been lost to sight. Statistical officers are usually under the direction of State or City Boards of Health. Our modern sanitary system is largely due to vital statistics and when England installed a National system of registration of births and deaths in 1836

it marked the commencement of a new era, an era of sanitation which each year has achieved greater triumphs in the control of disease.

The interest of lawyers in this movement is general because the very nature of their profession causes them to more quickly appreciate the disadvantages and financial hardships that individuals so often suffer. But this, like the interest of the physicians from a sanitary standpoint, is not based alone on the professional interest of individual practitioners, though it is true that an orderly and authentic system of recording births and deaths would greatly facilitate legal procedure. The greatest benefit will result to the people themselves and not to any one profession.

The necessary provisions that govern the registration of deaths have been stated as follows:

1. Deaths must be registered immediately after their occurrence.
2. Certificates of death should be required.
3. Burial or removal permits are essential to the enforcement of the law.
4. Efficient local registrars are necessary.
5. The central registration office should have full control of the machinery and its rules should have the effect of law.
6. The transmission and preservation of returns should be provided for.
7. Penalties should be provided and enforced.

The compulsory requirement of a burial permit based upon a certificate of death filed with the local registrar before any disposition is made of a body is the key to the whole situation as regards the registration of deaths. The same local registrar that has charge of the registration of deaths would naturally be employed for the registration of births, but there is no well recognized means of insuring the complete registration of births that will act as effectively as does a burial permit for insuring the complete registration of deaths.

I want to bring out and make clear the significance of a movement for the establishment of a national department of health, now before the United States Senate in a bill introduced by Senator Owens of Oklahoma, to create a National center for putting together the facts pertaining to personal and industrial vitality. The fundamental principle of such a department is the collection, compilation and use of vital statistics. Allen gives three great economic reasons for establishing such a department:

"First, to enable society to increase the percentage of ex-

ceptional men of each degree, many of whom are now lost through preventable accidents; and also to increase the total population.

"Second, to lessen the cost of sickness. It is estimated that if illness in the United States could be reduced one-third nearly \$500,000,000 will be saved annually.

"Third, to decrease the amount spent on criminality that could be traced to over-crowded, unwholesome, and unhygienic environment."

In addition to the economic gain, the establishment of a National Department of Health would gradually but surely diminish much of the misery and suffering that cannot be measured by Statistics. Sickness is a radiating center of anxiety, and often death in the prime of life casts a cloud over the happiness of more than one life. Let us not forget that the "bitter cry of the children" still goes up to heaven, and that civilization must hear, until at last it heeds, the imprecations of short, wasted years of millions of lives.

If progress is to be real and lasting, it must provide whatever bulwarks it can against death, sickness, misery and ignorance; and in an organization such as a National Board of Health, adequately equipped, a vast preventative machine working ceaselessly, an attempt at least would be made to staunch that prodigal waste of an old yet wasted world.

Because adults at work and at play reluctantly submit themselves to vitality tests, because few scientists are seeking individuals to be tested, because almost no one yearns to be tested, the promotion of adult vitality, as of community vitality, could best be ascertained by demanding complete Vital Statistics. Progress is slower than it need be because State Boards of Health are not gathering sufficiently complete information about causes of sickness and death. Statisticians are in less repute because it is not generally known that our boasted sanitary improvements are due chiefly to the efficient use of Vital Statistics."

Not only is it necessary to know the number of births and deaths we must also know the number of cases of sickness from transmissible diseases. Again quoting Allen, "The cost and danger to society from preventable diseases, such as Tuberculosis, typhoid fever, diphtheria, and small pox are imperfectly represented by the number of deaths.

Medical skill can gradually reduce death rates in the face of increasing prevalence of infectious diseases. With a few exceptions, only that patient who refuses to follow instructions will die of measles, diphtheria, or smallpox. The scarlet fever patient

who recovers and goes to church or school while "peeling" can cause vastly more sickness from scarlet fever than a patient who dies.

The best guarantee against such loss, the best protection of health, the most essential elements of Vital Statistics is proper, complete record of cases of sickness. Statistics of sickness is confined to sickness of transmissible diseases, because we have not yet arrived at the point where we recognize the state's right to require information except when the sick person is a menace to the health of other persons. The State reports of Vital Statistics have not been accurate, therefore, in many States we have the anomalous situation of an aggressive veterinary Board arousing the farmers, and the consumers of milk to the necessity of protecting the health of cattle, and a State Board of Health so hampered by inefficient laws as to be unable to protect the health of the farmer and the consumer.

When ever the term Statistics is applied to social facts it suggests action, social control of future contingencies, mastery of the facts whose actions are chronicled. The object of gathering social facts for tabulation is not to gather material for future historians, **they are to be used in shaping future history.** They are facts collected with a view to improving social vitality, to raising the standard of life, and to eliminating permanently those forces known to be destructive to health. Unless they are used in this way, they are of interest only to the historian. No city or state can afford to erect a Statistical office to serve as a curiosity shop.

A tax collector cannot discharge his duties unless he knows the addresses of every debtor. The police bureau cannot protect society, unless it knows the character and haunts of the offenders. A health officer cannot execute the law for the protection of the public health unless he knows the haunts and habits of diseases. For this he must look to Vital Statistics."

I have been asked often the question, and I have no doubt you have all met it in the same way at some time, "What has all this agitation accomplished?" Our fore-fathers did not bother about bacilli, embalmed foods, the fly and contaminated water and they lived on in the same way as long as we live. Let me say one thing to you, in India the average span of human life is twenty-three years and in Prussia they have in the last century added twenty-seven years to the average life of their inhabitants.

When one Nation by preventative measures, thorough and complete vital statistics and compulsory heed to the principles

taught, can add more years to the span of life of their people than the whole span of life is in one of the densely populated countries of the globe, have they not accomplished something? Is not this an ample answer to the question?

Kansas, poor old Kansas! Bleeding Kansas! Bleeding money, wheat and corn at every pore. 'Tis said "A land of smiling sunshine, of winding streams, where you have but to tickle the soil to make it laugh a harvest. A land dotted with school houses and growing towns and villages, called cities by divine right of prophesy. A land of pigs given to adipose, of sleek cattle, of strong horses, of handsome women, of bouncing babies, of homely, rugged men. A land where no one dies except through accident or over-eating. Poor, bleeding Kansas, cannot afford to pay twenty-five cents to register those bouncing babies and, while for years they have duly registered their fine pigs, their cows and their horses at an expense of from fifty-cents to \$10.00 each, they deny to the future citizen, the potential fathers and mothers of this great republic the right of registration, the establishment of their legal birthright for the pitiful sum of twenty-five cents.

"Have you a little fairy in your home?" If you have she is not registered. No human eye can pierce the future and while you by study, industry and thrift may think to leave that "fairy" far above the reach of the breakers of misfortune, who knows what may arise in the future to require that little one to prove herself your child, your heir and the right to exercise those sovereign rights of citizenship to which estate the little one has been born, and in which rights you to-day think her secure.

The State owes to every citizen the right that the three principal events in the life of each of them shall be a matter of public record, and these three events are the birth, marriage and death. This State owes it to you to maintain these records a duty it has shamefully neglected.

A short while ago, in one of our neighboring cities a young man was on trial for a statutory crime, his liberty was dependent upon ascertaining the age of the girl. The evidence presented indicated that she belonged to the submerged element, and the young man stood in the shadow of the penitentiary because there was no effective registration law to prove an age. This was a case of blackmail pure and simple, and the young man's escape was due to good fortune, rather than to the protection which the law should have afforded him.

The last legislature passed a law for the control of Tubercu-

losis and in accordance therewith many cases have been duly recorded, but by no means all of them. Physicians, at least in Kansas, are energetic, of progressive professional ideas and high attainments, and above all law-abiding citizens. While I have no doubt that some of you have cases of tuberculosis that you have failed to register I am disposed to take a charitable view and assume that you have overlooked the provisions of Chapter 227 Laws of 1909 which says in part:

"Tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health, and it shall be the duty of every physician in the state of Kansas to report in writing on a form to be furnished as hereafter provided, the name, sex, color, occupation, place where last employed, if known, and address of every person known by said physician to have tuberculosis, to the County Health Officer, or in cities of the first class to the City Health Officer of the City in which said person resides within twenty-four hours after such fact comes to the knowledge of the said physician."

The law further says: "It shall be the duty of every Health Officer of a city or county to cause all reports to be recorded in a register of which he shall be the custodian, such register shall not be open to inspection by any person other than the Health authorities of the State, City or County and said authorities shall not permit any such report or record to be divulged so as to disclose the identity of the person to whom it relates."

The Law provides a penalty of from \$5.00 to \$50.00 for the violation of these provisions. I am glad to have this opportunity to invite your attention to the law and express the hope that if any of you are violating its requirements that you will make it your first duty on your return to your office to square yourself by making the reports required. I am sure that none of you desire a conflict with the law but this act of the legislature is the latest expression of the people of Kansas on this subject and there can be no question but that it was the intention of the legislature that the plain provisions of the law be enforced.

It probably will be out of place for a laymen to suggest to a meeting of the medical profession the necessity and desirability of a careful statement as to the cause of death. Every physician should be familiar with the international classification and never, under any circumstances, give a cause of death in terms different from those mentioned therein. Another thing is that physicians are often careless in their statements as regards the cause.

Let me say to you that you should be just as careful in stating the cause of death, in a death certificate, as you are in making your diagnosis.

"Heart Disease" for years a favorite cause of death with some physicians, has been succeeded, if my suspicions are not at fault by "endocarditis," which is usually associated with acute rheumatism or some other acute febrile diseases. It is certainly surprising how many people it kills.

Another bad practice is the failure to report cases of typhoid fever until fatal, with the result that the apparent mortality is much greater than it really is.

The past twelve months have marked an epoch in the State Board of Health in its work for the protection of the health of the people and I want to touch briefly on some of the things which have been accomplished.

The administration of the Food and Drug Law has been vigorous and effective. Since January 1, 1907, 22,598 places have been inspected in 1,214 towns of which 5,444 were drug inspections, and, of particular interest to the physicians, there have been analyzed 2,182 samples of drug materials, of which 1,261 were found to be illegal, almost 58%, and in addition thereto the drug laboratories have examined 458 samples of patents, proprietaries, liquors, and spices, many of which were misbranded, adulterated or deteriorated.

Under the direction of the Chief Food and Drug Inspector Dr. Crumbine, it has been the policy of the department, in all cases where possible, to secure the co-operation of merchants, and manufacturers, and in this way their compliance with the requirements of the law have been voluntary rather than forced. But there has been no hesitation to invoke the full penalties of the law where the dealer has proved defiant or dilatory in meeting fully the spirit and letter of the statute.

Last August saw the educational exhibit under the law for the prevention of tuberculosis, open the campaign at Holton, since which time it has visited 71 towns and lectured and exhibited to approaching 150,000 people, and there can be no question as to the educational advantage to be achieved by such an exhibit. With the exhibit there is a physician, as lecturer, in charge, a visiting nurse and a helper.

On September 1st at least one death's head was removed from our railroad trains and depots and public and private schools by the abolishment of the public drinking cup. This is proving immensely popular with the traveling public, and let me say that

there has been no move in recent years that has given Kansas as much free advertising, not only in the United States but in the whole world. Michigan, Mississippi, Oklahoma, and Wisconsin have since followed the footsteps of Kansas. The Massachusetts legislature has just passed a bill almost identical with the Kansas regulation and many other Boards of Health, not having sufficient authority to make regulations abolishing it, have issued placards and posters warning the public against the dangers lurking therein. Among these latter states may be found New Jersey, Iowa, and Pennsylvania.

On March 1st the State completed arrangements to furnish free diphtheria antitoxin to those unable to pay for the same. While the funds at the disposal of the department for this purpose are very limited it is hoped that a sharp decline in the mortality rate from diphtheria will be the result of this action.

Now, you will, I hope, all agree with me that the preventative work outlined above will be of great aid in reducing the sickness and mortality from preventable diseases in this state. But let me ask you, how are we to know what the results of all these efforts are without some law to require the registration of deaths? We are getting all of the information possible under the existing laws. But that is not enough, unless we have full, complete and accurate returns, we really have very little and you as physicians cannot sit back and ask, "Am I my brother's keeper?" Modern society demands that you shall be, you must live a part of your life in this man and that man and in each person with whom you come in contact.

Besides the personal duty which the physician owes he must recognize his duty to the cause of preventative medicine, and the public health of the community in which he lives. This wider phase of his duties has permitted the accomplishment of the greatest benefactions to humanity. The greatest engineering enterprise the world has ever known, the building of the Panama Canal, is being built to-day, not by the engineers and hydrographers, but by the doctors who have done away with yellow fever and malaria in the tropics.

But this could have been done without the aid of the searchlight of Vital Statistics, to point out the plague spots, to mark the way and indicate the progress being made from day to day, week to week, and year to year?

Why is it that thousands upon thousands of our people are dying every year from tuberculosis? Because our Vital Statistics has not been sufficiently effective to the application of pre-

ventative measures and medicines. The last three years has seen a wonderful awakening among laymen and physicians on this subject; and I hope to live to see the time when the great mortality of the present day, from this disease, will be but a memory.

In closing I want to say just one thing more. Aid Vital Statistics by prompt and correct reports. Study Vital Statistics in the light of your education, and apply it as modern preventative practice dictates and your community, and your state will rise to call you blessed.

"THE FENCE OR THE AMBULANCE."

" 'Twas a dangerous cliff, as they freely confessed
 Though to walk near its crest was so pleasant;
 But over its terrible edge there had slipped
 A duke and full many a peasant.
 So the people said something would have to be done,
 But their projects did not at all tally;
 Some said 'Put a fence round the edge of the cliff;'
 Some, "An ambulance down in the valley.'
 "But the cry for the ambulance carried the day,
 For it spread through the neighboring city;
 A fence may be useful or not, it is true,
 But each heart was brimful of pity
 For those who slipped over that dangerous cliff;
 And the dwellers in highway and valley
 Gave pound or gave pence, not to put up a fence
 But an ambulance down in the valley.
 "For a cliff is all right if your'e careful,' they said,
 'And if folks ever slip or are dropping,
 It isn't the slipping that hurts them so much
 As the shock down below when they're stopping.'
 Then an old sage remarked, 'It's a marvel to me
 That people give far more attention
 To repairing results than to stopping the cause.
 When they'd much better aim at prevention!
 " 'Let us stop at its source all this mischief,' cried he,
 'Come neighbors and friends let us rally;
 If the cliff we will fence we might almost dispense
 With the Ambulance down in the valley.'
 'Oh, he's a fanatic,' the others rejoined.
 'Dispense with the ambulance? Never!
 He'd dispense with all charities too, if he could;
 But no! we'll protect them forever;

Aren't we picking up folks just as fast as they fall?
 And shall this man dictate to us? shall he?
 Why should people of sense stop to put up a fence
 While their ambulance works in the valley?
 "But a sensible few who are practical too,
 Will not bear with such nonsense much longer;
 They believe that prevention is better than cure
 And their party will soon be the stronger.
 Encourage them, then, with your purse, voice and pen,
 And (while other philanthropists dally)
 They will scorn all pretense and put up a stout fence
 On the cliff that hangs over the valley."

—o—

ACUTE POLIOMYELITIS, OR ACUTE MYELOENCEPHALITIS.

H. H. BOGLE, M. D.

Read before the Southeast Kansas Medical Society, April 27, 1910.

This old disease, known as acute Poliomyelitis, is an infectious disease of the central nervous system, and has become so prevalent in the last few years as to cause much anxiety to the general public, and much concern to the medical profession, and well it may when we see the results that may attend it. Epidemics may be light or they may be severe. Thus, one report says 85% have fully recovered, 10% partially recovered, and 5% with no perceptible improvement. In a Massachusetts report it gives 80% permanently paralyzed, and 5 to 20% fatalities.

Since 1903 there have been several epidemics in the old world. In 1907 there were 2500 cases in New York state and 1200 cases in 1908.

It has prevailed in Massachusetts to the extent of a thousand cases; in Minnesota 700 cases; in Nebraska 619 cases; also numerous cases in Iowa, Kansas, and elsewhere.

Last year 100 cases were reported in Kansas and nearly 100 cases this year, to date. Our own country reports more than one-half of all the cases.

It is admitted that much of our text book description will have to be revised; the name anterior poliomyelitis is not a good name: First, because it is not an affection of the anterior horns of the chord alone; and, second, because polio means gray substance, hence both words convey a wrong impression, for the pathology involves both gray and white matter, even extending to the brains. However; the anterior horns show the major lesions. Strauss, of Cornell, a

pathologist, states that the white matter of the chord is the seat of inflammation of minor importance; that pia infiltration is an essential element and that the arachnoid covering the spinal ganglia is likewise infiltrated; that the medulla, pons, and basal ganglia are always involved in fatal cases, though not all cases so involved are fatal. Sometimes the brain cortex shows vascular irritation, sometimes cellular infiltration.

Edema is present in both the white and the gray matter and is an important factor in producing the paralysis; by this we can see why some cases only show incoordination, and why some cases improve so rapidly, the edema being absorbed before permanent injury is done, or that the foci of infection was very minute.

L. Emmett Holt suggests as a name, epidemic myeloencephalitis; Ball of St. Paul, epidemic paralysis, and Krause of Bonn, acute epidemic paralysis. It is also called acute atrophic or wasting paralysis. Flexner, our own American, that is doing such fine experimental work, says: "That properly speaking, it is a diffuse myelitis and when it affects the brain is a diffuse encephalitis." As Holt and Flexner are practically agreed that it is a myeloencephalitis, that name without the "epidemic" appendage seems to be about the best yet suggested, and as a common name to the laity acute wasting paralysis conveys it sufficiently accurate.

The incubation period usually ranges from 7 to 10 days. It is thought that immunity is secured by an attack; an animal that has recovered from the disease cannot be reinoculated, at least they cannot after some months of experimentation. Also Wickman, who has an extensive experience in the great Sweden epidemic, never saw a second attack in the same person.

The infection termed ultra-microscopic, belongs to the filterable viruses, and is readily inoculated from animal to animal, failures being less than 10%.

The infection is found in the nasal and pharyngeal mucosa, as well as in the cord, and shows that these discharges should be disinfected. Children should not come in contact with the disease.

Numerous instances have been cited where children have visited homes where the disease existed and in a few days have come down with it; where children have been placed in the same crib and in a few days developed the disease.

The symptomatology at the onset is that of fever, generally constipation, occasionally vomiting, fretfulness, and often soreness and pain, but these symptoms are common in the disorders of childhood and we are not aware of the disease until its essential symptoms of incoordination or paralysis occurs.

Kernig's sign will be present in a part of the cases; the knee jerk is very often absent; pain may simulate a neuritis.

The Babinski sign is observed at some time in a great number of cases. Some cases closely simulate a cerebro-spinal meningitis.

The general line of treatment I have pursued is: first to clear the stomach and bowels with the mild chloride or other laxative, control the fever mostly, by hydrotherapy, but if with much pain, phenacetine and aspirin were used. Only in two cases was an opiate resorted to. Insist on the patient having the utmost quiet during the acuteness of the attack.

Echinacea was employed because it fortifies the system in infections; later, syrup hydriodic acid and elix., chromium sulphate were used; the nutrition of the patient was carefully watched.

Massage will help muscle nutrition, and should be used to obviate contractures. Begin the massage after the acute symptoms have subsided, and see that it is faithfully and persistently carried out. Electricity may also be used for muscular exercise; if these measures are intelligently employed, not many cases will have to be referred to the orthopedic surgeon.

It has been my privilege to see nine cases of this disease since June of this year. I shall give an abridged report of these cases.

On June 11, G. H. T., æt., 4 years, vomited, had severe cramping in bowels, fever and stupor these symptoms continued until the 14th., when he passed the root of an onion and was better except the drowsiness continued, temperature was from 99 to 101 degrees.

June 18; eyes were crossed.

June 20; right arm and right leg paralyzed; was throwing left arm and left leg; mouth slightly drawn to right.

June 21: bowels and kidneys acting involuntarily, stupor increased, pulse 90, temp. 101.

June; no hearing, nor sight discernible; was rigid, opisthotonos marked, great hyperæsthesia; convulsions which were constant unless kept under anodynes and cholroform inhalations.

June 24; symptoms continuing until evening, when death took place.

This case occurred in Dr. Harper's practice. We regarded this as one of the ascending type of cases as given by Dr. Crumbine in bulletin of Kansas State Board of Health.

On July 13th., G. H. æt., 15 months, while at Bentonville, Ark., was fretful, gums were lanced to help the eruption of teeth; patient cried when feet were lifted, previously he was crawling,

could stand, and sit in chair, had some fever; after one week he could not stand, could not crawl or sit up unaided, in a few days began using the arms, which rapidly returned to normal, but the right leg remained helpless for one month, since when it has been very slowly improving.

Sept. 15; stands when holding to something; crawls, but not very good; the right leg is a little smaller than left one.

July 14th., Geo. F., aet., 26 months, had symptoms of coryza; temp. $101 \frac{1}{2}$, pulse 100, slight cough, these symptoms lasting three days.

July 27; could not walk, could stand if held, both legs paralyzed.

July 22; walks a little when held, drags the right leg.

Aug. 8; uses right leg in walking, not so good as left.

Sept. 10; walks quite well.

July 15, C. F. aet., 2 years, was fretful, bowels moved 5 or 6 times, noticed fever at 10 p. m; vomited at 10:30 p. m., and had a convulsion at 11:00 p. m.

July 16; at 6 a. m., was lying in bed, moving left arm and left leg almost continuously, but right arm and right leg lay nearly motionless; some stupor existed.

July 22; can walk when held, but drags right leg; right arm much better.

Aug. 12; walking quite well.

Sept. 10; appears to use all parts of body normally.

Aug. 13; M., aet., $2 \frac{1}{2}$ years, had fever and vomiting lasting four or five days.

Aug. 18; while walking across the floor the limbs gave way the patient sinking to the floor and could walk no more, for four or five days, when improvement began.

Sept. 2; walks by himself, but totteringly.

Sept. 10; walking fairly well.

Sept. 20; walking very much better. This case was in Dr. Stelle's practice.

Aug. 18; E. I. M., aet., 2 years, had fever lasting 3 days; vomited; sleepy all the time.

Aug. 22; started to cross the room and fell; complained of pain in hips and on moving the legs.

Aug. 26; could not crawl, nor roll over; this only lasted one day.

Aug. 29; began to walk a very little.

Sept. 10; walking better.

Sept. 15; still improving. but not rapidly.

Sept. 23; can walk alone and is improving more rapidly.

Aug. 29; Th. H., æt., 4 years, had high fever, constipated; complained of pain in back and left leg:

Aug. 30; left leg paralyzed.

Sept. 2; can use left leg a little.

Sept. 6; walking some.

Sept. 10; walking better.

Sept. 20; still improving.

Sept. 1; W. G., æt., 2 years, was brought to office; pulse 104; temp. 102; severely constipated and a great deal of tympanitis.

Sept. 2; found temp., 102, pulse 170, and entirely unable to swallow a spoonful of water, but perfectly rational; these symptoms continued all the day until 7 p. m. the patient dying.

Sept. 10; B. æt., 1 years, had fever, mild for 4 days, then Sept. 15, high fever.

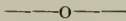
Sept. 16; no fever, but not able to use right leg, no reflex; considerable pain.

Sept. 17; pain quite marked.

Sept. 20; about same; no improvement has begun at this date.

I will say that in nearly all the cases, Kernig's sign elicited pain.

Knee reflexes were absent in most of cases; that is, in the limb or limbs involved.



THE RELATION OF THE MEDICAL PROFESSION TO MEDICAL INSTITUTIONS AND THE STATE.

MERVIN T. SUDLER, M. D. Lawrence, Kansas.

Read before the Kansas Medical Society, May 6, 1910.

In this paper I hope to discuss some of the problems which seem to me to be facing the medical profession in this state. They are of more importance, and should be of as much interest as some of the details of treatment which always attract our attention. The problem of medical organization and medical economics is not one that is easily solved. In the first place, we are confronted by an overcrowded condition of the profession, there being one physician for about every 642 of the population of Kansas. In addition there are a number of irregular practitioners, including osteopaths, christian scientists and faith healers of various types; which make the proportion even greater. The

practice of medicine is also becoming more complicated, laboratory equipment and special training are required in order to give proper treatment where formerly a physician simply diagnosed his case, from the symptoms before him, and treated it on this hit or miss plan.

No one man can hope to cover the entire field of medicine. All that he can do is to get a broad understanding of what it all means and then develop his skill along some particular line. This does not mean that the general practitioner is a thing of the past. But it does mean that tests and examinations which require time, skill and care shall be so simplified that he can do them quickly and easily, or that specialists making them shall be in easy reach, and that the expense entailed shall be low enough that the practitioner will feel that his patient can afford it.

The State and City government have entered the field of preventative medicine, sanitation and hygiene and support hospitals for the poor, for the insane, and schools for the mentally deficient. Apparently this tendency is increasing, and society is the better for it. The question is, how shall these various phases be coordinated, and these various interests adjusted equitably to all concerned?

The members of the general population at large are interested only in keeping their health, and curing their ailments. They should be protected from contagion, unsuitable food, clothing and unhygienic conditions. Added to this the indiscriminating public must be protected from itself. It still looks upon medicine as a sort of belief, not based upon demonstrable facts, or experience, but a good bit like religious faith, and there are always the unbalanced and unscrupulous to take advantage of this weakness. Most of this preventive work must be done by the state and federal governments and it can never be realized unless the medical profession gives its aid and support. As a result of the demands of modern medicine, small hospitals have sprung up everywhere. Some of them good, but many of them poorly equipped, and not fitted to fulfill the obligations that should be met by rigorous efficient medical practice.

As a consequence of this general unorganized condition we find that things have gotten into pretty bad shape. Fees are practically what they were ten years ago. In the different communities each doctor is holding on to all that he can get, and regarding with more or less jealousy the success of his colleagues in any special department. Various small hospitals and surgeons of small experience are underbidding one another for work and

risking their patients welfare and lives by undertaking operations which can be safely done only by those having the proper training and experience. This sort of competition has led to the giving of commissions. The patients are deceived and the family doctor is tempted to sell the confidence reposed in him by his patient to the highest bidder, regardless of his skill.*

Most of this difficulty has its source in medical schools with commercial ideals and improper instruction which have given us a weak profession that is unable to maintain the respect of the general public as a learned profession should. Added to this, commercialism has given rise to jealousy and to lack of interest in the most valuable and interesting parts of a physician life. It seems impossible to remedy this until we have re-organized our medical schools and the medical practice law.

The medical profession is the only one supposed to do public charity without recompense. Recently, "The Lancet" related the case of a physician who was sued for refusing to come when called to attend a woman. She died and the suit resulted. A trial showed that the physician had done much free work for this family. In fact had never been paid, nor was there any prospect of his being paid. When called this time he was busy with other work, and referred his would be patient to the public health officer. The doctor won the suit, but the fact that it was brought shows the public attitude and this is absolutely wrong. The state should take care of its needy sick, and not be willing to expect or to accept charity from a man who has spent years of his life and used much of his capital in preparing himself to practice his profession. There should be hospitals to take care of such cases and to remove this burden from the private practitioner. The early diagnosis of typhoid fever, tuberculosis, cancer, etc., interests the entire community. This can be done far more accurately and expeditiously by institutions than by individuals.

It seems to me that these abuses and this chaotic condition have partly resulted from a lack of organization on the part of the physicians, and that we should endeavor to get together and stop

In one instance the surgeon traveled from town to town seeing the various doctors and offering them 66 $\frac{2}{3}$ % of the fees of any patient that they might send him. In another case a surgeon was approached by a physician who said he was getting 40% of his patients fees and suggested that he would like to change if he could get a higher percentage. In two other cases physicians brought their relatives to a surgeon with a reputation for

skill and ability, but took their private patients to another man because the other divided fees, and the first one did not.

In many instances, these self-trained surgeons will not pretend to do any bacteriological work, whatever.

the waste of energy and effort that is taking place at present. By a proper combination of state work, the burden of the practitioner of medicine may be lessened without reducing his income and the public receive better service than it ever has before. In every city in this state the health officer is underpaid. He cannot afford in many instances to give the time and work required because he is not well paid. The community looks upon him as a minor official that has not very much to do, and whose services are ordinarily of not much value. They set his salary in the light of these opinions, and the services he renders are usually worth about the amount paid. The position of health officer should be one of the most desirable, instead of the least desirable, and if it were placed under civil service control with competitive examinations, and salary sufficient to interest the right kind of men, the people of the state would receive large returns for the money invested.

What can be done by the state that will help the practitioner of medicine to get at the facts which he needs and which would stop the imposition of public charity upon individual members? We as a body should demand that all future candidates for practice should be subjected to an examination of sufficient scope to show that they have completed a course of training which would guarantee their having the proper qualifications. In addition, some method should be found of reducing the number to a basis of not more than one physician to 1000 of the population. The state should provide hospitals and laboratories where complicated bacteriological tests can be made by competent men at a reasonable expense. At present we are dependent almost entirely on private corporations for our serums, vaccines, and laboratory products of this kind, yet the state supports a laboratory for the preparation of serum used to prevent hog cholera etc. It seems to me that the public could be much better served if these products were prepared in a laboratory under the control of the State Board of Health. The state has already undertaken the task of providing medical education, and is supporting a staff of trained specialists for various departments, and will, undoubtedly, support more in the near future. These men and these laboratories should be combined so that a maximum amount of efficiency can be obtained with a minimum expenditure. Any private organization, or business would not do it any other way.

Other states have attempted to adjust their charitable institutions, medical schools, and hospitals to the needs of the state

and the profession. For instance, Michigan maintains a medical school that has been considered one of the best for a number of years. In connection with this, the state supports hospitals where all paupers needing medical attention can be sent. Also any child born with a deformity and liable to become a public charge must be sent to this hospital where its condition is remedied if possible. Minnesota is maturing a similar plan to be used in connection with the medical department of the State University. At present it has a laboratory of public health and bacteriology which cost \$100,000 to erect, and which is doing a splendid work in making bacteriological and pathological examinations. This state has also increased its requirements for practice of medicine. During my recent visit there I was impressed with the unity and progressiveness of the profession in this state.

Kansas has been a pioneer in many important fields in the past and its citizens are justly proud of its accomplishments. However, from a view of medical organization and education I believe we have not accomplished anything beyond the mediocre. It may be well enough to vaunt our superiority over the schools and hospitals of foreign lands, or even those in larger centers in this country and advise our students to remain. The average man of Kansas is wide awake and progressive, and talk without deeds will not deceive him. There is only one way in which his interest can be obtained and held, and that is to develop institutions which will really bear comparison with those elsewhere and be an honor to our commonwealth.

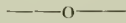
In order to develop this kind of educational institutions we must have men, laboratories and hospitals, and above all, we must have unification and concentration. These can be made much more than a teaching plant. Pathological and bacteriological examinations can be made by the same men with but little additional expense. Charity cases which are now taking the time and energy of the practitioner without giving him any benefit can be used for teaching purposes in state hospitals. Such an institution could be the rallying point of the profession in many ways, and its laboratories and libraries would be at its disposal. It would set new standards for the beginner in the profession by offering better trained men. Such an institution would be in sympathy with the state society, and in fact, it would not be a success unless it could work in harmony with the profession of the state.

A practical plan for trying to obtain some of these things would be the selection of committees of this association to go in to the abuses and injustice which has resulted from this lack of

organization and to make plans to be brought before this society next year to see what we can do to make the lot of the doctor better and at the same time to improve the quality of service they are able to render to their patients. In addition to this, the legislature will meet next year and a number of measures should be urged before it at this time. This committee should carefully study these questions and bring out well matured plans and these should have the support of this society with all of its strength and no petty jealousies and unworthy motives should be allowed to enter into the consideration of them. In times past the doctor was supposed to be a man of education and a force in the community. I fear he has somewhat fallen from his high estate in modern times, and it is necessary for us to work vigorously if we are to regain it.

Summary.

1. The medical profession of Kansas is overcrowded.
2. Unqualified and poorly educated men have been admitted to the profession and lowered it in the estimation of the public. This has fostered irregular practitioners such as osteopaths, chiropractics, christian scientists, etc.
3. At present public charity is dealt out without any plan or organization. This is wasteful.
4. The state should organize its hospitals and schools with definite relation to the needs of the people and the profession.
5. The state should provide laboratories where pathological and bacteriological examinations can be made at moderate cost. As a matter of economy students can be instructed in these same laboratories.
6. The state should maintain hospitals which would relieve physicians from doing charity work as far as possible.
7. Before entering upon the practice of medicine every candidate should have had at least two years of College work. Then four years in the medical school, and finally be required to pass an exhaustive practical examination.
8. This society can help to realize these reforms if its members deem them worthy and will show their interest in them by a little work.



Dionin (5 per cent. solution) will accentuate the action of atropine where mydriasis is hard to bring about from adhesions during iritis. It sometimes produces a great deal of swelling of the conjunctiva and always marked redness, both of which disappear within twenty minutes to an hour.

THE JOURNAL OF THE Kansas Medical Society.

JAMES W. MAY, - - - - EDITOR.

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

Subscription Rates: \$2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1903, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

LIST OF OFFICERS.—President, O. P. Davis, Topeka; 1st Vice-President M. F. Jarrett, Ft. Scott; 2nd Vice-President, J. T. Axtell, Newton; 3rd Vice-President, G. W. Jones, Lawrence; Secretary, Chas. S. Huffman, Columbus; Treasurer, L. H. Munn, Topeka; Librarian, S. G. Stewart, Topeka.

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EDITORIAL

Opportunity strikes no man full in the face.

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Wisdom cometh in droplets and not in showers.

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Even though the automobile has caused a number of fatalities and shortened the lives of a number it has become a boon to the doctor. Many an hour heretofore spent in driving the old "nags" can with the help of the auto be spent at his fireside in study and rest. Mr. Auto we hail thee not for the former reasons but for the latter.

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Of what value is a medical society? By the attendance at some of the meetings it could be answered with one word none. Some men think that it is a waste of time and frequently offer the excuse that they are too busy to attend. In answer to this it can be truthfully said that the busy doctor is the most regular attendant. He cannot afford to miss, because it is recreation, because there is much to be learned and he would be doing his fellow-men an injustice if he did not endeavor to keep abreast of the times. There are so many reasons why medical societies should prosper and so few why they should not—but what's the use.

Preparations should be commenced to attend the A. M. A., meeting at Los Angeles next June. It may seem a long time, until the meeting, but, when one considers the rapidity with which time passes at this day and age then the time is not as long as imagined. It will make an ideal vacation trip for next summer.

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We must always use great care in the adoption of the newer remedies even though most flattering reports are received as to their efficiency. Take for instance the ophthlmo-tuberculin re-action which developed so many dangers to the eye that its use has been almost dispensed with or at least largely restricted. Just now Ehrlich's "606" (dioxidyamidoarsenobenzol) is attaining great prominence in the treatment of syphilis, and from the reports being made by different investigators, bids fair to be a panacea in selected cases. But there is great danger in its use as the discoverer plainly points out. For instance, it must not be used there is any lesion of the optic nerve, for the reason that it may produce atrophy, as is the case with atoxyl and other arsenic derivatives. Again Fraenkel and Grouven report (*Munchener medizinische Wochenschrift*, August 23, 1910,) in a series of 100 cases treated by this method one death 3½ hours following the intra-venous injection which they ascribe to an individual hypersusceptibility to arsenic. One of the best things that can be said of "606" is that it requires but a single hypodermic injection or at most two injections. If improvement does not then occur an immunity has been established which takes some time to overcome. Again improvement starts in with such a rush that it seems almost miraculous and cases that have refused to yield to mercury have done exceedingly well with "606." On the other hand excessive pain follows the injection, which in a large number of instances has to be controlled by repeated injections of morphine. Taken all in all it should be left to investigators whose skill in its use is unquestioned until sufficient knowledge of its actual dangers and therapy are definitely known.

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SOCIETY NOTES.

The first annual meeting of the American Association for Study and Prevention of Infant Mortality was held at Baltimore November 9, 1910.

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Sumner County Medical Society entertains the nine county societies in Dr. Arch D. Jones (councillor) district, at Wellington,

in an all day and evening session, Thursday, December 1, 1910. Every medical man in the 6th councillor district is invited to participate.

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Program of the Clay County Medical Society, Oct. 12, 1910. Treatment of Hydrophobia, Dr. A. B. Jeffrey. Complete Excision and Suture of Rectal Fistulæ, Dr. E. H. Thrailkill. Report of meeting of American Medical Association, Dr. Morton.

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Failway Surgeons in Session.—The annual meeting of the Society of Surgeons of the St. Joseph and Grand Island Railway was held in St. Joseph, Mo., October 6. A clinic was held in St. Joseph Hospital in the morning under the direction of the chief surgeon, Dr. Charles W. Wallace, St. Joseph. The following officers were elected: president, Dr. Barton Pitts, St. Joseph; vice-president, Dr. William M. Boone, Highland, Kan., and Secretary, Dr. Charles H. Wallace, St. Joseph.

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The Chatauqua County Medical Society met in Sedan, Oct. 3. Five members were present.

Doctors W. T. Courtwright and G. W. Goss reported some cases of appendicitis. Dr Courtwright also reported a case of injury by knife wounds which healed by first intention.

Dr. W. L. McNaughten read a paper on Infantile Convulsions. The subject was then discussed by all the doctors present.

After transacting the usual business the society adjourned to meet at the Bradford Hotel at 8 p. m. where the Sedan members gave a banquet to the members of the society, their wives and a few invited guests. There were twenty-six present and all enjoyed the evening. Toasts and music by members and guests made the gathering an enjoyable event.

J. S. VERMILLION, Sec'y.

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Program of the Norton-Decatur county and Western Kansas medical societies, held at Norton, Oct. 11, 1910:

10:00 A. M., MORNING SESSION.

Paper, Dr. E. L. Davis, Dresden, Kansas; The Doctor in Business, Dr. H. O. Hardesty, Jennings, Kansas.

12:00 M. LUNCH—Bowers' Tavern.

1:30 P. M., AFTERNOON SESSION.

Placenta Previa, Dr. F. J. Carmichael, Goodland, Kansas; Post partum Eclampsia—Case Report, Dr. C. S. Kenney, Norton, Kansas; Post Graduate Study Club, Arteriosclerosis; Etiology

logy and Pathology, Dr. C. W. Cole; Symptoms, Dr. S. B. Koory; Treatment, Dr. Wm. C. Lathrop; Business Meeting.

6:00 P. M. LUNCH—Bower's Tavern.

7:30 PUBLIC MEETING—AUDITORIUM.

The Doctor, Dr. Wm. C. Lathrop; Pure Food, Dr. S. J. Crumbine, Secretary State Board of Health.

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NOTES OF THE NORTHEAST KANSAS MEETING AT LEAVENWORTH.

The meeting in February next will be held at Topeka, who extended the only invitation.

The dinner in the evening was well attended. This feature is never overlooked by doctors at any of the meetings.

A significant fact as to whether the "joints" are closed in Leavenworth, came when the meeting place in the evening was found to be in the deserted bar room of the National Hotel.

It was one of the best meetings the society ever held in point of attendance, scientific program and entertainment. The county doctors deserve unstinted praise for the entertainment provided.

The delegation from Topeka which consisted of Drs. Bowen, McVey, Davis and Alkire, came over in Dr. Bowens auto. Dr. Chambers of Lawrence accompanied by Dr. Blair drove his machine over.

In the morning a ride was taken in autos to the fort and the United States Penitentiary. At the fort hospital the surgeon in charge was kind enough to show us through the institution which was modern in every respect.

The following papers were read: Cold Abscess—A Few Remarks, Dr. Hugh Wilkinson, Kansas City; Gall Stones, Dr. C. J. McGee, Leavenworth; The Doctor, Dr. E. J. Blair, Lawrence; Tonsil Operations, Dr. J. E. Sawtell, Kansas City; Chronic Interstitial Nephritis, Dr. P. B. Matz, Soldiers Home; Stricture of the Urethra—Prognosis and Treatment, Dr. S. G. Zinke, Leavenworth; Querulence, Dr. C. C. Goddard.

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The U. S. Penitentiary was a surprise for us all. Here is

probably the best conducted institution of its kind in the world. It is a model of neatness, sanitation, and completeness of detail in every respect. We were shown in the dining room where more than 950 of the inmates were eating the noonday meal guarded by less than 20 men. In the kitchen we sampled the bread which excelled that served in the hotel. All in all Uncle Sam takes wonderfully good care of his prisoners. A great deal of this of course is due to Maj. McCloughery, who has charge of the prison.

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NEWS NOTES

Dr. G. W. Maser of Parsons has returned from a trip abroad where he attended the clinics.

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Dr. H. G. Shelley of Mulvane, Kansas has returned from Chicago, where he has been doing post work.

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Dr. R. A. Roberts and Dr. Anna K. Masterson both of Kansas City, Kansas, were recently united in marriage.

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Dr. F. W. Tretbar has moved from Stafford to Hudson. His place at Stafford was taken by his brother Dr. J. J. Tretbar.

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Silver Day for Hospital.—On Silver Day at Kansas City, Mo., more than \$6,300 was collected for Mercy Hospital.

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Dr. L. H. Sarchett of Cedar Rapids, Iowa, has located in Wellington, Kansas to practice his specialty, eye, ear, nose and throat.

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Dr. E. J. Lutz of Kansas City, Kansas, has returned from a six months tour of Europe. He attended a number of clinics on the trip.

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Dr. J. L. Myers of Ketchikan Alaska, has been visiting in Kansas City, Kansas the past few weeks. He will be in the States until July 1911 doing post work before returning to Alaska.

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Anesthesia claimed three victims in Chicago within three days, in August. Two deaths occurred in hospitals and the third in a dentist's office. In the latter case the patient was anesthetized by a physician twice with chloroform within a short time, for the extraction of teeth.—Illinois Medical Journal.

The Ohio State Board of Health has begun an active campaign for prophylaxis against ophthalmia neonatorum. Every registered physician in the state received a sterilized dropper and a quantity of silver nitrate solution.

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Dr. T. D. Crothers, of Hartford, Conn., editor of the "Journal of Inebriety," will deliver a series of lectures on "Alcohol", and on "Drug Addiction", before the students of the American Medical College of St. Louis. These lectures will be given December 8-10, 1910, and will be open to the public, as well as to members of the medical profession.

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Ether Day was observed at the Massachusetts General Hospital, Boston, on Saturday, October 15th. Ether was first used as an anæsthetic in that hospital sixty-four years ago, and the anniversary was celebrated. In the forenoon a special clinic for the post-graduates of the hospital was held, followed by a luncheon. Dr. Henry P. Walcott chairman of the board of trustees of the hospital, presided at the exercises held in the afternoon. Dr. George W. Crile, of Cleveland, was the principal speaker.—N. Y. Medical Journal.

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Another X-Ray Victim.—A victim to x-ray cancer like the London physician Cox, who lately died of this disease, is furnished by Prof. Elbers Schonberg, the well known x-ray investigator. He acquired an ulceration of the skin during his early studies before the injurious action of the Roentgen rays was known. This eventually underwent malignant degeneration and recently necessitated, the amputation of his left forearm. Some fingers of the right hand are also crippled. Other x-ray investigators have chronic incurable skin affections. Sterility occurs in consequence of exposure to the Roentgen rays more frequently than is generally known.—Journal A. M. A.

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Vaccine for Typhoid Fever.—Surgeon Charles S. MacDonald, stationed at Fort Mott, six miles from Salem, has a vaccine which has been used on 35,000 soldiers in the United States Army as a preventive of typhoid fever and has yet to record a case developing after inoculation.

During the past year Dr. MacDonald has been experimenting on the soldiers of the fort. The inoculation is entirely optional with the soldier and the operation is attended by little pain. Before Dr. MacDonald, who is an authority on typhoid fever, began

experimenting with his new vaccine, there were fifteen deaths a year from this disease at Fort Mott. Millville Daily Republican.—
News Jersey Medical Journal.

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“The Missouri-Kansas Alumni Association of Rush Medical College” was organized at the Baltimore Hotel, Kansas City, Missouri the evening of November 1, at the call of the Kansas City Missouri Alumni of this school. Doctor Arthur Dean Bevan, professor of surgery at Rush, was the guest of honor and after the dinner addressed the 50 members present on “Medical Education in America” reviewing medicine in this country, comparing it to that of the old world schools and telling the part Rush has taken in this line. David E. Broderick a pediatricist of Kansas City, Missouri was chosen President, L. L. Uhls of Osawatomie, Kansas, vice-president; C. B. Hopkins of Kansas City, Missouri, secretary-treasurer. Yearly meetings will be held hereafter.

After the above meeting Doctor Bevan addressed the Jackson County Medical Society on “The Surgery of Kidney and Ureteral Stone.” H, W.

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Millions for Medical Research.—At the meeting of the board of trustees of the Rockefeller Institute for Medical Research, in New York City, October 17, the occasion of the celebration of the opening of the new hospital described below, it was announced that Mr. Rockefeller had given \$3,821,000 additional to the institute, thereby making his total gifts to this institution \$8,240,000. The institute property has been placed absolutely in the hands of the board of trustees, consisting of John D. Rockefeller, Jr., Frederick T. Gates, William E. Welch, Starr J. Murphy and Dr. Simon Flexner. The function of the trustees is to hold and care for the property of the institute, including investment of endowment funds, and to hold the entire income under the control of the board of scientific directors, composed as follows: Dr. William H. Welch, Baltimore, president; Dr. L. Emmett Holt, New York, City, secretary-treasurer; Dr. Simon Flexner, New York City, director of laboratories, and Drs. T. Mitchell Prudden, Christian A. Herter and Hermann M. Biggs, New York City, and Theobald Smith, Boston.

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NOTES OF THE SOUTH-WEST MEETING AT WICHITA.

Oklahoma City, Okla., was selected as the meeting place for next year.

The society voted to eliminate all welcoming and responsive addresses and the time given over to the scientific program.

Upon motion of Dr. Jabez Jackson the society voted to have but one scientific section hereafter, and that a general one.

The editors of the State Journals of Texas, Oklahoma, Arkansas, Missouri and Kansas were appointed by the president as a publication committee.

The Kansas City physicians came down in two special cars on the Santa Fe. Dr. E. H. Thrailkill was the superintendent of transportation.

The meetings were held in the Scottish Rites Temple which is probably the best building of its type in the United States. It was perfectly suited for a meeting place and our thanks are due the owners for their generosity in allowing the meetings to be held there.

The banquet was the feature of the meeting and was better attended than the others sessions. The toasts were responded to by Drs. A. K. West, Joseph Beckton, S. S. Glasscock, J. M. Griffin and Bran-ford Lewis, and all made hits. Music was furnished by an orchestra and a male quartette.

Dr. Edward H. Ochsner of Chicago, the guest of honor, delivered his address on, "Prevention and Treatment of Septic Infection of the Extremities," at the general session held just before the banquet. He was preceded by Dr. Moody of San Antonio, Tex., who delivered the annual address his subject being, "Fatigue."

There has been better attended meetings and the enthusiasm was not as great as has been, but all in all it was a successful meeting. There was quite a number of the essayists absent and consequently one or two of the sections finished ahead of time.

The arrangements were all that could be desired and the Sedgewick county doctors deserve unstinted praise for the time and labor they expended in taking care of the meeting.

The fifth annual meeting of the Medical Ass'n of the Southwest was called to order at 9 a. m., in the Scottish Rites Temple, by

Dr. Chas. E. Bowers, chairman of the committee on arrangements. After the Invocation, Dr. Bowers introduced Hon. C. L. Davidson, Mayor of the city of Wichita, who welcomed those present on behalf of the citizens of Wichita. Dr. O. P. Davis, President of the Kansas State Medical Association then welcomed those present in behalf of the State Association, and Dr. J. E. Oldham on behalf of the local profession, after which Dr. Bowers introduced Dr. G. H. Moody, who in turn called upon Dr. Joe Becton of Texas to respond to the words of welcome.

Dr. M. L. Perry who has charge of the state institution for the care of epileptics at Parsons, Kansas, for a number of years, and one of the foremost men in his speciality, was honored with the presidency. The other officers elected were as follows: vice-presidents, Drs. John M. Griffin, Sulphur Springs, Ark; William H. Stauffer, St. Louis; Everett S. Lain, Oklahoma City, Okla., and Wilmer L. Allison, Fort Worth, Tex, and secretary-treasurer, Dr. Fred H. Clark, El Reno, Okla. (re-elected) and executive committee, Drs. William A. Wood, Hubbard Texas,; Samuel S. Glasscock, Kansas City, Kans; St. Cloud Cooper, Fort Smith, Ark., and Jefferson D. Griffith, Kansas City, Mo.

The following resolutions were passed by the society:

Whereas, The National Pure Food Law is in danger of failing in its purposes by technical interpretations which chemically preserved food products to be labeled as pure under the law, be it

Resolved, That the Medical Association of the South-west condemns the use of Anti-septic drugs, such as Benzoate of Soda and similar chemicals in food products designed for human consumption, and be it further

Resolved, That this Association heartily endorses the plan of a National Department of Public Health as a public necessity and urges its enactment by the coming Congress.

The following are the section officers elected: Surgery: Chairman, Dr. J. F. Kuhn, Oklahoma City, Okla; vice-chairman, Dr. Spitler, Wellington, Kansas; Secretary, Dr. Howard Hill, Kansas City, Mo.

General Medicine:—Chairman, Dr. C. C. Conover, Kansas City, Mo; vice-chairman, Dr. A. D. Young, Oklahoma City, Okla; secretary, Dr. G. W. Robinson, Kansas City, Mo.

Eye, Ear, Nose and Throat:—Chairman, Dr. H. C. Todd Oklahoma City, Okla; vice-chairman, Dr. J. H. Barnes, Enid, Oklahoma; secretary, Dr. J. W. May, Kansas City, Kan.

Communications.

Lebanon, Kans., Oct. 11, 1910.

Editor Kansas Medical Journal, Kansas City, Kansas.

Dear Doctor:—I am in receipt of a petition signed by 450 physicians and surgeons of Kansas City, Missouri, and Kansas City, Kansas, asking my support in an effort to establish reciprocal relations between Kansas and Missouri. I beg leave to state through the columns of your Journal for the benefit of all these petitioners, that I am heart and soul with them on this proposition and I can say that I have been working to bring about reciprocity with these two sister states, since I became secretary last July.

I took the matter up with Dr. Hiller, secretary of the Missouri Board, last July and our correspondence resulted in the appointment of a Committee, by the Missouri Board, in the persons of Dr. Frank B. Hiller, secretary and Dr. Ernest F. Robinson, to meet a committee of the Kansas Board, to further consider the question of reciprocity as proposed by me.

I met this committee at the Baltimore Hotel, Kansas City, Mo., on Oct. 7, 1910, and I can say that we came to an agreement so far as the committees were empowered, to establish reciprocity between Kansas and Missouri.

I shall place the matter before our Board at the next meeting, Oct. 13, 1910, and ask that the action of the joint committee be approved by the Kansas Board and reciprocal relations established, as it it should be.

Yours fraternally,

H. A. DYKES, M. D.

Secretary.

Board of Medical Registration and Examination, State of Kansas.

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Obituary.

William Burriss, M. D., Pulte Medical College, Cincinnati, 1886, died at his home in Burrton, Kansas., September 13, from general breakdown, aged 71.

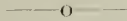
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James W. Ferguson (license, Kansas, 1901); formerly of Thayer and Stafford., Kansas, a pioneer physician of Neosho county, died at the home of his son in Chanute, September 16, from cancer, aged 62.

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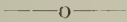
Death of Mme. Pasteur—Mme. Pasteur died suddenly at Arbois, Jura, near where her illustrious husband was born. Her funeral, which was held on September 28, was very numerously attended.

The body lay in state at the Pasteur Institute at the entry of the crypt where the mortal remains of her husband already repose. The ceremonies were conducted by the members of the council of administration of the Pasteur Institute, headed by Dr. Roux, director of the institute, and M. Metchnikoff. After the religious ceremony at the church, the body was brought to the Pasteur Institute to the crypt where it will be buried, Mme. Pasteur having expressed the desire to rest near her husband. Dr. Roux pronounced a moving discourse, in which he rendered homage to the character of the admirable woman who was a devoted companion to Pasteur.—Journal A. M. M. A.



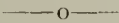
MISCELLANEOUS

Duties of Physicians.—We should not only be torch bearers for the enlightenment of the people, regarding their bodily and mental welfare, but should also be the guardians of the public health. Although at all times recognizing the rights and liberties of the people, it is our duty to enforce the laws of sanitation and to protect the people from their own ignorance and from the dangers of designing quacks and unscrupulous pretenders.—M. B. Heyman, in Long Island Medical Journal.



The International Medical Association for the Prevention of War is to hold its first annual meeting in Paris, in 1911. Membership is open to the medical profession; the annual fee is five francs. Dr. George Brown, Pine Ridge Sanitarium, Atlanta, Ga., is secretary of the American Section, from whom additional particulars can be had.

The purpose of the Society is commendable, but why physicians should organize for this purpose, as physicians, and not unite as men with some of the general associations for the same general object is not clear.—Bulletin of the American Academy of Medicine.



According to Origen, the angel Raphael was the patron of the sick and infirm. We have never seen the point urged, but it seems at least possible that this is the real explanation of the substitution of the letter R at the head of the written prescription in place of the sign of Jupiter. It was a common practice among the early Christians to substitute Christian letters and symbols for the pagan. The old Jovian sign has little resemblance to the letter R, and the explanation of the change to the initial of Recipe

has always seemed to us to be the least bit catastrophic. —New York Medical Journal.

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Pertinent Questions.—Why conserve coal mines and not conserve the life of the coal miner? Why conserve the cotton plant and expend \$500,000 to fight the boll weevil and not conserve the people who are to be clothed with the cotton? Why conserve the life of tree and fight the San Jose scale, and not conserve the people who eat oranges? Why conserve the life of the forest and not conserve the life of the forester and of his children? Why protect tree life and plant life and neglect human life? Why protect cattle from Texas fever and not protect people from typhoid and malarial fever? Why protect pigs and forget the children?—Senator Owen, of Oklahoma.

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Must Cure to be Paid.—Such is the sense of a decision rendered recently in the Superior Court sitting in Macon, Ga., in a case at law in which Dr. C. L. Stahl sued C. W. Jordan for \$200 for operating on the latter's eleven-year-old daughter for tuberculosis of the knee joint. The child died after the operation. We are gratified to note that physicians are greatly stirred by this decision and are raising a fund to have the case carried to the Supreme Court. Upon the basis of this decision a lawyer should not be paid unless he wins the suit for his client (which can be guaranteed when the lawyer has the thing "fixed"). Upon the same basis also no clergyman should be paid who cannot guarantee Heaven for his parishioners.—Exchange.

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The Athenian Oath.—We will never bring disgrace to this, our city, by any act of dishonesty or cowardice, nor never desert our suffering comrades in the ranks; we will fight for the ideals and sacred things of the city, both alone and with many: We will revere and obey the city's laws and do our best to incite a like respect and reverence in those above us who are prone to annul or set them at naught; we will strive unceasingly to quicken the public's sense of civic duty; thus, in all these ways we will transmit this city not only not less, but greater, better and more beautiful than it was transmitted to us."

This is the oath taken by every youth of the ancient city of Athens on reaching the estate of manhood. Could a better oath be taken today?—S. L. Times.

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Pre-Operative Preliminaries.—If we ourselves were going to

be operated upon we should like to be spared the over-zealous preparation of the day—and particularly of the night before—that is now the lot of so many surgical patients. We should make at least one proviso upon entering the hospital, which would be that if any nurse disturbed our slumbers at four o'clock a. m., to apply a poultice to our abdomen there would be no operation the next day. We know positively that a more or less hideous night of anticipation is spent by sensitive patients who are reminded in so many unnecessary and tactless ways of the prospective operation. A lot of these things could be done on the day of operation. The psychologic side is not sufficiently considered, not to mention the physical.

There can hardly be any doubt that the shock of operation is distinctly added to and the ultimate results badly affected in many cases by the treatment to which patients are subjected the day and night before the operations.

Very much of this ill-advised management could and should be obviated.—Therapeutic Medicine.

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Robert Koch—R. Pfeiffer says of Koch that he spread the fame of German scientific research over the wide world, and that so fundamentally revolutionary was the work of this one man that it could be considered as an act of historical justice for our successors to divide the history of medicine into an epoch preceding and another following Koch. In the seventies, as a general practitioner, he found time to think out scientific problems which at that time busied scarcely anyone else. A series of brilliant discoveries in bacteriology led to his appointment to a remunerative public position, which gave him greater freedom for his life's work. His discovery of the tubercle bacillus, and his official labors as to the cause of cholera, are well-known. In 1896 he was employed by the British Government to investigate the Rinderpest (cattle plague) in South Africa, and in a short time had successfully developed a method of immunization by inoculation. Among the great workers of the world in bacteriology his pupils are many. As a teacher he aimed at allowing each worker to follow his own path. His deep influence on all who worked with him was mainly due to his own earnestness, and the sharp criticism which he applied equally to the labors of himself and others. He hated abstruse theories and flights of thought, and stood always on the secure basis of fact. His genius was, as Paul Ehrlich has expressed it, a "sound human understanding raised to the fourth power." Koch was no flowery speaker, but everything he said was deeply thought out, logically put together,

and exhausted the subject in most illuminating fashion. (Berl' Kiln. Woch., June 6, 1910.)—Denver Medical Times.

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Fourth of July Casualties in 1910.—The number of deaths and injuries from the use of fireworks during the celebration of the Fourth of July are decidedly lower than they were heretofore. There were only 72 cases of lockjaw this year, where last year there were 150. This is the lowest number of tetanus cases reported since the Journal began the compilation of these statistics in 1903. There were 131 deaths this year as compared with 215 last year, and 2,923 injuries this year as compared with 5,307 last year. This remarkable decrease in deaths and injuries is undoubtedly due to the adoption by a number of cities, such as New York, Chicago, Boston and Toledo, of restrictive measures, whereby the number of casualties was largely reduced, and also by the adoption of prohibitive measures by a number of cities, such as Baltimore, Washington, Cleveland, Trenton and others, whereby deaths and injuries were entirely prevented, or reduced to the minimum. A large number of cities also furnished special programs in which music, the marching of soldiers, the flying of flags and banners, children's parades, historic floats, etc., were prominent features. This more sensible method of celebrating the Fourth of July is rapidly coming into vogue.—Journal A. M. A.

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Radium More Valuable than Diamonds.—Nothing which exists in such minute quantities as radium has ever before been talked about so much. It was announced the other day that a second gram of the mineral has been produced at the Austrian government laboratory at Joachimsthal. It was more than four hundred grams to make a pound. After the Curies had discovered radium, the Austrian government sent to them in Paris, by a special messenger two milli-grams, or two-thousandths of a gram. The mineral is so precious and so rare, and when not properly protected can work such havoc, that none of it has ever been sent through the mails or in any other way than by messenger. It has to be combined with various chemicals before it can be conveniently used. Each radium preparation that is sent out is incased in a small nickled brass cartridge about one-third of an inch in diameter. The bottom of the cartridge is filled with lead, a square hole is made in the lead, and the radium preparation is inserted. Then the cartridge is sealed with a mica cap through which the radium rays may operate. Every cartridge sent out is registered and numbered, and none sold save to learned men of established reputations or to scientific institutions. Although

there is but a small fraction of a pound in existence, a pound at the present prices would bring thirty-six million five hundred thousand dollars.—*Youth's Companion*.

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True Success in Medicine.—Ask a layman what constitutes success in medicine and he will answer: "The development of a fashionable practice earning \$15,000 or \$20,000 a year." Without hesitation he measures a physician's success not by what he **does** but by what he earns. Skill in medicine and earning capacity are rarely found in the same individual. If a physician is one in the strict sense of the word, he does not measure his success in dollars and cents but in the happiness he brought to some aching heart, the tears of anxiety and anguish he has turned into tears of faith and gratitude, the despair he has changed to hope. The physician who earns these rewards has attained the pinnacle in medicine's practice and a happiness that never comes to him in another vocation. But a cruel, exacting world will not permit us to barter words of praise nor tears of gratitude for the necessities of life and that these be provided for, that those nearest and dearest us be taken care of, we must, perforce, ask of our clientele, as a partial reward for our services, that they let us have some of the root of all evil—that open sesame to the good graces of the butcher, the baker and the candlestick maker.

Butler, in a paper addressed to the young graduate, speaks of success in medicine in these inspiring lines:

"Success? I would rather be a farmer on forty acres of land than a miserly millionaire preying upon the misfortunes of his fellows. I would rather be a peddler of hot peanuts than a plotting politician who gives to bond-grabbers and boodlers privileges to despoil the pantries of the poor. I would rather watch the stars shining down through blue immensity and the cool mists creeping round the purple hills than purchase with ill-gotten gains all the tawdry treasures of Ophir and India. I would rather be a doctor in a lumber camp on \$500 a year, and see the love-light blaze in truthful eyes and watch my children grow in grace and the truth of God, and minister patiently and cheerfully to the sick and suffering in the community like Dr. MacClure in the Bonnie Briar Bush than to build of widows' sighs and orphans' tears a flimsy bubble of fame to be blown adown the narrow beach of time into Eternity's shoreless sea."—*Medical Era*.

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A BUSINESS DECALOGUE.

Thou shalt not wait for something to turn up, but thou shalt

pull off thy coat and go to work, that thou mayest prosper in thy affairs.

Thou shalt not be content to go about thy business looking like a loafer, for thou shouldst know that thy personal appearance is better than a letter of recommendation.

Thou shalt not try to make excuses, nor shalt thou say to those who chide thee, "I didn't think."

Thou shalt not wait to be told what thou shalt do, nor in what manner thou shalt do it, for thus may thy days be long in the job which fortune hath given thee.

Thou shalt not fail to maintain thine own integrity, nor shalt thou be guilty of anything that will lessen the good respect for thyself.

Thou shalt not covet the other fellow's job, nor his salary, nor the position that he hath gained by his own hard labor.

Thou shalt not fail to live within thy income, nor shalt thou contract any debts when thou canst not see the way clear to pay them.

Thou shalt not be afraid to blow thine own horn, for he who so faileth to blow his own horn at the proper occasion findeth nobody standing ready to blow it for him.

Thou shalt not hesitate to say "No" when thou meanest "No," nor shalt thou fail to remember that there are times when it is unsafe to bind thyself to hasty judgment.

Thou shalt give every man a square deal. This is the last great commandment, and there is no other like unto it. Upon this commandment hangs all the law and profits of the business world.—Graham Hood.—The Medical Fortnightly.

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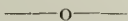
CLINICAL NOTES

In "clean" surgical cases a rise of temperature to even no more than 99.5 degrees or 100 degrees, during convalescence after operation, always mean something—it may be only serous retention.—American Journal Surgery.

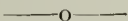
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If healing does not occur under customary treatment in ulcers of the leg, even when of a distinct varicose type, it is well to consider the possibility of a syphilitic element, although there may be nothing in the history to point to its existence. A course of specific medication may effect a material improvement in cases which have resisted all kinds of local treatment.—International Journal Surgery.

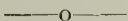
Dr. J. L. Andrews states he found aspirin to have a striking effect in pneumonia. Doses of 10 grains, four times daily, keeps the patient in continuous sweat, during which a quiet sleep occurs, the fever is reduced and the pulse improves. No sign of heart depression has been observed.—American Medicine.



Chronic ulcers of the face situated in the area between lines drawn from the outer end of the eyebrow and the upper border of the ear above, and the angle of the mouth and the lobe of the ear below, are usually epitheliomata of the basal-celled variety and they are comparatively non-malignant.—American Journal Surgery.



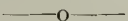
When a foreign body in the nose is not easily removable with forceps, remember Felizet's simple method—the injection of warm water into the opposite nostril. Use a syringe or douche nozzle that snugly fits the naris. Begin gently and slowly, then increase the force. As the resistance suddenly ceases, the foreign body is shot out (or at least is dislodged,) by the pressure of the fluid reflected from the posterior wall of the pharynx.—Journal Medical Society, New Jersey.



Mixture of Coryza.—According to the Prescriber for October, 1910, the following prescription has a marvelous effect in cutting short a "cold in the head."

℞ Sodium salicylate,	ʒi;
Compound tincture of cinchona,	ʒii;
Aromatic spirit of ammonia,	ʒii;
Camphorated tincture of opium,	ʒii;
Tincture of ginger,	ʒii;
Chloroform water,	ad ʒvi.

M. et Sig: One tablespoonful in water three or four times daily between meals.—N. Y. Medical Journal.



Sterilization of Women by the Roentgen Rays.—Gorl (Mun-chener medizinische Wochenschrift,) reports 9 cases in which the menopause was brought on by Roentgen exposures. Some of the women required 50 exposures for the purpose, and this slow, gradual extinction of the ovarian functioning he regards as one of the advantages of the method. He states that the general stimulating action of the rays was soon evident in the improved general health; no climacteric disturbances were noted in any case, and the heart seemed to be favorably influenced in the myoma cases. The exposure was never strong enough to induce erythema, and

thus it cannot act directly on a myoma, but the myomas subsided nevertheless, probably secondary to the sterilization process. The method is especially indicated, he says, for menorrhagia from a cardiac defect, nephritis or myoma when operative treatment is inadvisable for any reason.—Journal A. M. A.

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Application of Artificial Heat.—S. E. Tracy, Philadelphia (Journal A. M. A., October 22), recommends the use of the electric lamp six or eight of which, of sixteen candle power, are attached to the inside of an asbestos-covered frame, covering the patient from shoulders to feet, for the purpose of stimulation by artificial heat after operation. He finds this much superior to the use of hot-water bags. The patient, when returned from the operating room, is wrapped in a blanket, the apparatus is placed over the body, the ends covered with blankets to retain the heat, and the light turned on. In a few minutes the surface of the body is warmed, reaction takes place promptly, and in the majority of cases the need of hypodermic medication is eliminated. After ten or fifteen minutes it is usually necessary to turn out some of the lamps to avoid overheating and excessive perspiration. The apparatus is used also in cases in which it is desirable to keep the skin moist, as in renal insufficiency. It is simple, inexpensive, light and easily moved about, and can be connected to any electric lamp fixture.

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Non-surgical Treatment of Prostatic Hypertrophy.—Dr. W. Hirt (Berliner Klin. Wochensch., No. 9, 1910) advises in acute urinary retention the use of silk or partly silk catheters having the Mercier curve. If these fail to pass, metal catheters with the ordinary curve may be tried, but are seldom needed. In case catheterization fails, the bladder should be punctured with a medium-sized trochar and a catheter inserted and left in place. In the presence of hematuria styptics should be prescribed, a catheter inserted, and hot or cold irrigation with boric acid, silver nitrate, or gelatin made. In cases attended with vesical irritation and frequent urination, sounds should be introduced, at first thin elastic and then thick metal. If this treatment is not well tolerated, hot sitz baths, hot enemas and regulation of the diet should be ordered. If there is incomplete or complete chronic retention, systematic catheterization in connection with vesical irrigation once or more daily is indicated, or permanent insertion of the catheter. In seventy-five cases this conservative treatment was carried out in thirty, with improvement of the condition. A cure, of course, cannot be expected.—International Journal Surgery.

Combined Cauterization and Curetting as a Treatment of Chancroids.—V. C. Pederson, (American Journal Surgery, July, 1910) uses the following method: The lesion is ordinarily cleaned with water and gauze then cocain or other local anesthetic is liberally applied for five or ten minutes; next any ordinary liquid caustic, preferably nitric acid, is flooded upon the sore, care being taken to work it well beneath the overhanging edges and into any pockets, and on the other hand to prevent it from reaching the sound skin; after the acid has been given several minutes in which to act, the lesion is wiped dry with blotting paper; then with a sharp curette, the slough is thoroughly and deeply removed until clean, smooth, healthy-looking tissue is reached; this surface is now carefully and systematically painted with 10% nitrate of silver solution, with special reference to the overhanging edges and pockets; when the nitrate of silver has produced a delicate white pellicle everywhere, an ordinary wet dressing is applied. He says, usually one such treatment will convert a large and vicious chancroid into a clean, healthy surface which will heal in a few days. When this method fails, and a repetition is necessary it is almost invariably because too little acid was used or the acid treatment too brief, and the after curetting was not deep enough.

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Treatment of Placenta Previa.—Hussey (American Journal of Surgery, June, 1910) draws from a study of this subject the following conclusions:

The diagnosis of a placenta previa should always be followed promptly by the termination of pregnancy.

The main indications in the treatment are to control hemorrhage, to shorten the first stage of labor, to protect the mother from traumatism and sepsis.

Next to hemorrhage, lacerations of the lower uterine segment present the gravest danger, and are always caused by rapid dilatation of the cervix or attempting to deliver through a birth canal only partly dilated.

If too much consideration for the life of the child be felt, too little consideration for the life of the mother may be shown, and this is justified neither by theory nor by results.

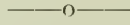
In cases near term, when the child is alive, the interests of both mother and child can best be protected by the use of the Pomeroy bag.

Marginal cases may call for little treatment beyond tamponade or rupture of the membranes, while partial and complete cases will always demand active interference.

With an undilated cervix the Pomeroy bag affords the best means of controlling the hemorrhage and dilating the cervix.

Those unaccustomed to its use will get the best results from combined version.

Skill in the obstetric methods of treatment will rarely be required.—*Therapeutic Gazette.*



Ehrlich-Hata Remedy—"606."—B. C. Corbus, Chicago, (*Journal*, A. M. A., October 22), makes a preliminary report from personal observation of the use of this preparation in Wechselmann's clinic in Berlin. He states that he can testify that spirochetes begin to disappear in from eighteen to twenty-four hours after injection of the remedy. Corbus states that the number of different technics is surprising and confusing, as each clinician has his own. Corbus prefers Lesser's technic, which he describes as follows: Take a graduated cylinder with ground glass stopper, in which there are about one dozen glass pearls to assist in mixing. Add "606" salt; immediately add 15 c. c. hot water, shake vigorously until every particle of the salt is dissolved; then add 2 c.c. normal sodium hydrate (NaOH) solution; a precipitate occurs. Then continue to add sodium hydrate solution in very small quantities, shaking vigorously after each addition, until the solution begins to clear; then drop by drop, until we have a clear solution. This should be neutral; if the cylinder does not contain 20 c.c. of solution, sterile water is added up to that amount. Then 10 c.c. of this solution is injected deep into the buttocks on either side, always taking care to cleanse the parts with soap, water and iodine. In every instance patients should be sent to the hospital for treatment, and care should be taken that they rest for one-half hour after the injection. Corbus concludes his article by saying that looking into the future, it seems hard to prophesy what we are to expect from a single injection. In order that our results may fulfill the theory of Ehrlich's "therapia sterilisans magna," the following conditions are necessary: First, one must not administer "606" in any condition that is not of spirochetal origin. Second, there must be absolute certainty of diagnosis by means of the Wassermann reaction or by examination for spirochetes. Third, the most careful and painstaking technic in preparing the substance for injection and in the injection itself must be observed.

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NECROBACILLOSIS OF THE SKIN.

CHAS. M. STEMEN, M. D., Kansas City, Kansas.
FREDERICK W. SHAW, M. D., Kansas City, Kansas.

Clinical.

CHAS. M. STEMEN, M. D.

On October 3rd, 1910, James Flood, age twenty-eight, a government meat inspector, called at the office with a bad hand and arm. Having been surgeon for the Fowler Packing Company for over twenty years and having seen some four years ago a case similar to this one, and knowing that this man's position was that of an inspector, I recognized the trouble from which he was suffering, but was not conversant with the scientific names and terms. I told him that he was suffering from the same condition that they



Necrobacillosis of the Skin.—Left Hand.

find on the lip and legs of the sheep. He explained that about five days before while dissecting out an ulceration on the lip of a sheep he had accidentally scraped his hand on a tooth. I called in consultation twenty of the physicians and a number of the

veterinary surgeons. Dr. J. N. Eagle, veterinary surgeon for the Health Department of Kansas City, Kansas, was the only one to recognize and name the condition from which Mr. Flood was suffering. The pain in this case was very excruciating. In fact so much so that for three or four days Mr. Flood had not slept excepting by the use of morphine. At the time his temperature was



Gas Bubbles Developing in a 12 Hour Culture.

one hundred and three (103F). His hand and arm was badly swollen. The ulceration was on the back of the hand and was about two and one-half inches broad by two inches in length, and raised at its highest about three-fourths of an inch. The sore consisted of cysts or blebs, each one, seemingly having its own peculiar



Fig. 3.

Bacillus Necrophorus x 950. Methylene Blue. Pure Culture.



Fig. 4.

Bacillus Necrophorus x 950. Aniline-Gentian Violet. Pure Culture.

appearance, some gray and some a bluish red. He had been using a bichloride pack. The blebs or cysts were all punctured and specimens taken by Dr. Shaw for pathological and bacteriological examination. I saw this young man twice daily. In the morning his temperature was one hundred and one (101F.) and in the afternoon one hundred and three (103F). He ran the same constitutional symptoms for about one week. The inflammation extended to the shoulder. His entire arm was rubbed thoroughly twice daily with unguentum Crede. The ulceration proper was treated with the bichloride pack and a twenty per cent (20%) solution of ichthyol applied to the parts adjacent to the ulceration. The constitutional treatment consisted of twenty grains of the iodide of potash three times daily with one teaspoonful of salts morning and night.

He made an uninterrupted recovery and in three weeks the wound had entirely healed. This case was very interesting having never seen but one case before and not knowing what that was.

I am greatly indebted to Dr. J. N. Eagle, Dr. F. W. Shaw, Dr. J. L. B. Eager, and A. D. Melvin, D. V. S., for their timely assistance and co-operation in this case. I am only sorry that more of the physicians could not have seen this peculiar sore and ulceration.

I have looked up a great deal of literature and the best that I can find is a pamphlet published by the Bureau of Animal In-

dustry and written by A. D. Melvin and John R. Mohler, entitled "Lip and Leg Ulceration of Sheep." *Necro Bacillosis*.

All credit must be given Dr. Shaw for the pictures and the slides. I trust this little paper will bring out some new thoughts, and only hope that it may assist some in the alleviation of this terrible form of ulceration.

Bacteriology.

FREDERICK W. SHAW, M. D.

The *B. necrophorus* in this case was obtained from the seropurulent fluid of the vesicles and from the necrotic area near the border of the healthy tissue. If the vesicles have not been ruptured it may, as in this case, be obtained in pure culture.

Morphology.—*B. necrophorus*, from the vesicles on cover glass preparations, appears as coccoid forms, rods and thread-like filaments. The longer forms have a tendency to be slightly curved. The filamentous forms, when stained, have beaded appearance and I found a number of branching forms in a stained specimen of the seropurulent fluid which had stood in hermetically sealed tube in the incubator at 35° C. for three days. The bacillus stained with the ordinary aniline dyes. It does not stain with the Gram method.

The *B. necrophorus* varies in length from micrococci to filaments over 100 microns, and from .75 to 1.5 microns in width. Some of the filaments have one clubbed extremity, the other tapering and some show irregular thickening at the points where the filament takes the stain heavily. In general the filaments present the appearance of a chain of micrococci in a sheath, but when irregular staining takes place the round bodies take on a club shape. Again, the coccus-like bodies may be alternately arranged along the sides of the tube. This type was seen in large numbers in cover glass preparations from the sero-purulent material which stood in the incubator. Some of the rod shaped bacilli take the stain throughout, others at either or both ends, while some are beaded.

Cultural Characteristics.—As the *B. necrophorus* is a strict anaerobe its cultivation is very difficult. It only appears to develop between 30° c. and 40° c. with an optimum of 37° c.

In 2 per cent agar with peptone-salt bouillon media I obtained the best results. The media was placed in an anaerobic culture tube and boiled. While the media was yet liquid it was inoculated. A partial vacuum was produced in the tube by a vacuum

pump and the tube closed. Other tubes were prepared in a similar manner but with out the vacuum and no growth resulted.

Shake Cultures.—In 12 hours, oval and round gas bubbles appeared in the lower part of the tube. Some of the bubbles which developed in the upper part of the tube made their way upward through the media and escaped. This happens when the media is not thick. Along the track of escape there develops a thin, white, feathery line. The bubbles, which are absorbed, show the same white, feathery growth on the lower aspect of the bubble as it contracts.

Stab Culture in agar-peptone buillon-salt.—In about 36 hours colonies make their appearance at the bottom of the needle track. They are few in number, grayish white with a slightly thickened centre surrounded by a thin grayish cloud. The cloud is composed of wavy threads. Gas bubbles develop along the track of the stab.

B. necrophorus does not develop in an atmosphere of CO₂. Gelatine, in an agar-gelatine mixture, is not liquified.

Motion.—I failed to observe motion in this organism.

Odor.—Cultures give off a very disagreeable odor ably described by Ernst as between the odor of cheese and that of glue.

General Consideration of the *Bacillus Necrophorus*.

The *bacillus necrophorus* was probably first noticed by Dammann who published the results of his investigations of diphtheritic infections in calves, in November, 1876.

In 1878, Feldmann reported similar cases.

The organism was first investigated by Löffler in 1884. He obtained it from a rabbit, into whose chamber of the eye he had placed a small piece of tissue from a *comdylomata lata*.

In 1887, Bang and Schultz investigated an epidemic of hog cholera in Denmark. Bang found that he could kill hogs by feeding them pure cultures of the short ovoid and motile bacillus discovered by him in the tissues of the diseased hog. He, also, attributed the so called diphtheritic patches to this bacillus. Schultz found a long thread-like bacillus in the caseous patches which he named *B. filiformis*.

In 1888, Schultz refers to finding similar bacteria in abscesses in livers of cattle.

In 1889, Smith found a long bacillus in sections of ulcers of hog cholera.

In 1890, Bang established the identity of these organisms and to which he gave the name of *nekrosebazillus*.

In 1891, Schmorl reported a fatal enzootic occurring the previous year among his laboratory rabbits. From the caseonecrotic lesions he isolated a thread bacterium which he named streptothrix cuniculi. It has been identified with *B. necrophorus*.

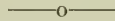
The *B. necrophorus* is believed to be a normal inhabitant of the intestine of the hog and possibly of the cow and horse. It is also found in horse manure and soil contaminated with it.

The *B. necrophorus* can only enter the tissues when a solution of continuity of skin or mucus membrane exists, therefore the infection follows scratches or other injuries following a break in the skin or mucus membrane of susceptible animals.

The list of animals susceptible to the morbid influence of the *B. necrophorus* includes aves as well as mammalia; domestic and wild animals, both free and in captivity.

In animals the following tissues have been attacked by this organism, viz., necroses of the skin, viscera, mucus membranes of the mouth and upper air passages, genital tract and digestive tract, muscle, bone, hoof, cartilage and navel.

Ellerman, in 1905, reports the case of a nine months old infant who died with symptoms of laryngitis and pneumonia. A pseudo-diphtheria was found at necropsy. Sections of the uvula showed a deeply penetrating necrosis with long thread-like bacteria on the border of the living tissue. The study of the bacillus, the character of the necrosis and the fact that pneumonia developed secondarily, led him to assume a primary infection with *B. necrophorus*.



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APPENDICITIS.

C. R. LYTLE, M. D., Durham, Kansas.

Read before the Marion County Medical Society, April 6, 1910.

My efforts to present the subject of "Appendicitis" may be devoid of features that are regarded as salient, or features that are regarded as of primary importance to the surgeon, since it is a surgical disease; devoid, possibly, of features offering anything of profit or novelty to this society. But my own views on the treatment of the disease have been so modified by experience and observation during the past year, that they are at least worthy of my consideration, and justify my departure in a measure from the usual orthodox treatment as taught by many leading men of today.

In meeting this disease in general practice, I am brought to the realization that there is a wide disparity between what one expects and ought to accomplish and what actually is accomplished, in convincing the laity of the best procedure in a given case. We cannot take away the patient's prerogative of refusing an operation, and we are therefore compelled to exercise the alternative of treating a surgical case from a medical standpoint. But the medical treatment is not limited to those cases only where the patient's prejudice against an operation cannot be overcome. We encounter many cases which come under our observation too late for a safe operation,—say within the first 24-36 hours. Hence, our best efforts are required to tide them over to a safe period when radical measures can be used with safety.

The first 80 or 85 cases which came under my observation, having been already diagnosed, were admitted to the hospital for operation, either for early immediate operation, or during the safe interval of attacks. These will scarcely enter into any prominence in this presentation, except as they bear directly on the palliative or medical measures to be outlined, as the rational treatment when operation is denied or contra-indicated.

That the disease is eminently a surgical one I think no one will deny, but in cases that we are forced or are pleased to treat medically, I am convinced that there is a right way that seemeth wrong, and a wrong way that seemeth right, in contra-distinction to many opinions regarded as authority. One of the salient points in the palliative treatment of appendicitis cases which is advanced by many, some of them men of note and authority, is the early locking up of the bowels; their argument

being that, by thus lessening the peristaltic wave, a favorable influence is brought to bear upon the spreading infective process. As Ochner would put it, "To permit peristalsis favors diffusion of the infection. To prevent peristalsis is to favor the formation of encompassing and defensive adhesions." It seems presumptuous to take issue with the opinion of such eminent authority, but I am convinced that this is correct theoretically rather than practically. To my mind, the locking of up the bowels is conducive to a greater infraction of those laws of nature which are in operation striving to bring about a localization of the inflammatory process. A static condition of the intestinal contents impregnated with myriads of coli communes which are being added to the already thronged area of inflammation, is certainly increasing the efforts of nature against the ravages of the arch enemy of the appendix.

Against this argument might be cited the definition of Dieulafoy, a Frenchman, of appendicitis—"that it is the conversion of an open to a closed appendix." This, however, is not correct, and cannot be borne out by clinical experience, as a large per cent of the cases operated upon disclose the fact that the appendiceal orifice remains open. Neither have I seen, in any case operated upon, a well defined and functioning "Valve of Gerlock", closing the appendiceal orifice. So in the locking up method, we favor a barrier to the possible normal avenue of escape against the least resistance, for the causative factor, of appendicitis.

If the attack is preceded by constipation, which is usual in my experience, and which has no doubt been an important etiological factor, why not roll away the stone from the door, and relieve a great embarrassment to a smothered appendix? The only obvious danger to the procedure of keeping the bowels open is the liability of breaking up the limiting walls of adhesions that nature is struggling to use to protect the surrounding parts against the infective process. The rythmical alternate contraction and relaxation of the muscular coat of the intestinal canal is mostly manifested in the muscular, mucous, and sub-mucous coats, though of course in a degree in the peritoneal coat. I fail to see how this slight motion can bring as much grief, to an inflammatory process relatively exterior to the movement, as an impacted bowel, with its pathogenic organisms which are in no way content with their normal habitat, but are ever improving benign conditions to migrate to where they can do the most damage. Furthermore, by the locking up process, we undoubtedly favor a vitiated blood supply and drainage to the diseased organ, as it receives its blood

supply from the same source as does the caecum, viz., the ileocolic branch of the superior mesentery.

In my first cases in general practice, I followed the usual instruction, that of locking up the bowels as soon as diagnosis was made—some authorities permitting an initial purge, and many none whatever. Despite my instructions prohibiting any purge, in my absence, in one or two cases, one was given, with results satisfactory to the patient—immediate amelioration of the symptoms, diminution of pain, drop in temperature, less restlessness, and general sense of comfort. Not that all alarming symptoms suddenly disappeared, however, as the case, though relieved, went on to termination, but whether ending in abscess or general recovery, the symptoms were less aggravated and alarming than in cases where the fecal stream was brought to a standstill. I believe the majority of physicians use an initial purge, but even though we do this, and then permit a limited diet, every man's experience teaches him that a simple purge does not by any means empty the bowel, nor keep it comparatively empty, especially in the caecal area.

Again, any interference with the blood supply which may be encouraged by a distended bowel, predisposes to gangrene formation. But whatever the etiological factor, admitting that it is a bacterial disease, whether aided by trauma, uric acid irritation, congestion due to chilling, distended by ingress of colon contents, or foreign body, or whether the disease be of catarrhal, obliterative, recurrent, suppurative or gangrenous type, I am impressed from my observations that a comparatively empty caecum is infinitely less menacing than a packed caecum with its hordes of disease-producing germs perched on the threshold of a badly embarrassed and crippled organ. And most particularly is this treatment eminently rational if the orifice remains relatively or normally open, which, as we have already stated, it does. I would not recommend this treatment, however, if symptoms and physical signs of abscess formation were in evidence.

Another most salient point, in the treatment of these cases, not universally agreed upon, is the use of heat and cold, rather, heat or cold. Many say the ice bag, others say either, but after hearing the views of Dr. J. Chalmers Da Costa as to the relative value of each, I am convinced that the ice bag has a very small part, if any, in appendicitis cases. Cold may be of value in the very brief stage of hyperemia. But cold adds to stasis, and does harm, and we seemingly have the evidence that the ice bag is responsible for some of the cases of gangrene. Again, cold actually

antagonizes the migration of leukocytes, and the formation of adhesions. Heat is a remedy which favors limitation of the process. It relieves stasis, stimulates the activity of the leukocytes, favors the formation of an encompassing barrier of phagocitic cells, and aids the cellular proliferation which leads to the formation of adhesions. The ice bag may also serve to mask the symptoms, as does opium given early, for when it is applied before the diagnosis is fully made, it allays the pain, and lessens rigidity in many cases.

Therefore, in the application of remedial measures in those cases which positively will not submit to an operation, and in the cases which are not seen early enough to admit of safe operation, and where we have, therefore, to choose between a dangerous delay, and a more dangerous operation, I would outline the following treatment, which appears to me most rational, and which I have adopted with some modifications, in many cases:

Patient at rest. Bed in the Fowler position after third day, not extreme Fowler, as it is unpleasant to the patient, but enough to get good benefit of the force of gravity as applies to spread of infection throughout abdominal cavity. (2) Keep patient on right side or nearly so, for same reason that you would the Fowler position. (3) Hot water bottle to appendiceal region, regardless of location of pain, as soon as the diagnosis is made. (4) Restricted diet. (5) Saline laxative daily. (6) Opium to control pain.

This constitutes a generalized treatment, other symptoms and complications to be met as the case demands.

Since it is not appendicitis but peritonitis that kills our patients, it is well to consider the treatment recently advanced by John B. Murphy. If the case is one in which all prejudices have been overcome, and we are allowed to employ our best knowledge and skill, the treatment by Murphy seems highly commendable, as his statistics, upheld seemingly by other surgeons of note, show but 3% of deaths. The treatment consists in dealing with the infective process by operative measures, and then making a supra-pubic incision, introducing a drainage, and carrying it well into the pelvis. Place the patient in the Fowler position, and introduce large quantities of warm saline solution just inside the sphincter muscle by the drop method, using a catheter with extra holes in the side, and allowing the fluid to enter continuously about as fast as it can be absorbed. Whether or not this treatment has the effect of producing a reverse action of the lymph channel, as Murphy claims, it has proved highly efficacious. In addition to the 33 cases with but one death, which have been reported by Murphy up to the present year, 9 other cases, with no deaths, were

similarly treated by Da Costa, Gibbons and others at Jefferson Hospital in 1908.

In dealing with cases of appendicitis with a limiting wall that encompasses the pus area, it is unnecessary, no doubt, to suggest the greatest caution in the rough handling of these cases. While assisting a surgeon of extensive surgical experience, before a class of students, in the presentation of the case a slight pressure was made over the quite well defined abscess. It resulted in the sudden rupture of the abscess wall, and consequent liberation and distribution of pus. A general peritonitis was seemingly inevitable, but by an unusual second attempt on the part of nature, a second limiting wall was thrown around the suppurating area, which this time involved two-thirds of the abdominal cavity, and it was only after a desperate struggle that the patient's life was saved.

Referring again to pus cases and abscess formation, I freely acknowledge an error which I recently made in diagnosing a condition, by coinciding with a fellow practitioner. The case was running a typical and well defined appendiceal career of severe form, and in a little less time than we would reasonably expect pus formation, a mass giving the dull percussion note was detected in the right iliac fossae. A seemingly septic temperature and history of chill was all that was necessary to confirm the diagnosis. Operation was advised, but the friends objected, and nothing was left but to follow the medical treatment already outlined. A slow recovery followed, the mass still remaining, and I am now convinced that the pathology diagnosed as abscess was a portion of agglutinated omentum around the inflamed area—a fairly rare condition. This does not carry with it the idea that an operation was contraindicated, but does recall the fact that a mass in the diseased area may be an impacted caecum, agglutinated omentum or a collection of inflammatory exudate.

Other cases may be cited which are most convincing to me that many cases run such a typical career that the diagnosis is not always the easy matter that some seem to think. The number of unusual cases which come under our observation in which subsequent operation has confirmed the diagnosis, is sufficient to convince us that the disease is common, very common, much more so than some of our too conservative fellow practitioners can be convinced.

Since writing the foregoing, I notice an article in the A. M. A. Journal, by Dr. LeGrand Gourney, of Columbia, South Carolina, in defense of the Oschner method, in which his data is based on 545 cases in his own experience, and with a reasonably low mortality,

but in the list he records 240 pus cases following the locking up method, a remarkably high per cent. This I maintain was due to his locking up procedure, for the per cent is very unusual. If such a per cent of pus cases had occurred in the ordinary country practice, rather than under hospital facilities, the mortality would certainly have been much higher.

But in conclusion, I wish to say that after a patient has had two well defined attacks of appendicitis, all medical treatment and palliative measures that can be instituted, no more permanently cure the case than do remedies given to allay the symptoms of the passage of gall stones through the gall duct effect a cure in the case of Hepatic Calculi.

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ETIOLOGY AND TREATMENT OF ULCERATIONS OF THE CORNEA.

W. H. GRAVES, M. D., Pittsburg, Kas.

Read before the Crawford County Medical Society, Sept. 15, 1910.

Knowing the cornea to be perfectly transparent and after once becoming involved to any great extent by any inflammatory process with the usual resulting opacities of some nature, followed by a more or less decrease in vision, is it any wonder that there has been, and will be, a great deal written on this very important subject. Realizing, as I do, the serious nature of an ulceration of the cornea, especially regarding vision, the subject, to me, has been intensely interesting. Again realizing that this condition of ulceration of the cornea occurs among the laboring class of people and that these people must have vision or be dependent, the subject becomes still more interesting.

Another point which has been constantly brought to my attention, is the fact that the laborer, especially of the lower type, is the most careless regarding eye injuries, we knowing that trauma coupled with neglect, is responsible for the majority of ulcerations. It is also a fact that a great majority of the men working in machine shops, etc., when having a foreign body embedded in the cornea, will have any one pick it out, and the man performing the service uses anything from a toothpick to a knife blade.

It has also been the observation of every oculist located near any large machine shops, that, time after time, the foreign body has not been removed, but all that has been accomplished is that the corneal tissue has been lacerated. It may be impossible for the man to leave work, as he may not care to do so because of time

lost, and continues through the day with the cornea exposed to infection and unable to resist because the cells have been lacerated and destroyed.

This man who must absolutely have vision, is the most careless. This explains one reason why a great deal of the oculist's work is among the laboring class of people. As a rule, among the men doing skilled labor, as the engineer, you will find him very particular regarding any eye injury, and as a rule they do not have the different eye injuries. These people are among the better educated class of men and naturally their hygienic surroundings are better.

On the other hand, a class of people that we often have different forms of ulcerations to deal with, is the farmer. I cannot say regarding all sections of the country, but in this territory I do not believe, as a whole, they realize the serious nature of an eye injury. I have often observed it to be the case that a farmer receiving an injury to the eye scratched from cutting hedge, will continue with his work until infection has occurred. This may be accounted for because of the extra trouble in stopping work and coming to town.

At any rate, it only goes to show that in a great majority of cases, neglect is responsible for corneal ulcerations.

As long as injuries are responsible for so many ulcerations, I feel that if they could in all cases receive immediate attention, that is, thoroughly cleaning the wound, conjunctival sac and cilia, and a bandage applied, most corneal wounds will readily heal.

There are many other factors producing corneal ulcerations, and among these a great deal is being written on the subject of intra-nasal suppuration as being an etiological factor.

I have never seen a case of ulceration of the cornea in which I felt that intra-nasal suppuration was the direct cause, but I do believe that an individual who has received a corneal lesion may be more prone to having an ulceration follow if he has any suppurative process going on in the nasal cavity. I feel that phlyctenular keratitis is aggravated if the patient had adenoid vegetation, but do not believe this to be the direct cause. I have observed that children having phlyctenular keratitis are below par, and removing adenoid vegetations improves the general health and also the keratitis.

There are a few general diseases which produce corneal ulcerations. The general disease producing this trouble and which I have come in contact more than any other is small-pox.

Ulcerations occurring as a sequella of small-pox are very difficult to control because of the lowered vitality of the patient.

This fact is true in any form of ulceration, for an infection of

the cornea occurring in any person with lowered vitality is much more difficult to treat.

There are a great many varieties of corneal ulcerations and it is impossible to enumerate all the causes, but I have given you the most common causes as observed by myself.

Anyone coming in daily contact with the eye soon learns never to take anything for granted when dealing with an ulceration of the cornea, because after a certain stage has been reached, where the cornea has taken on a whitish haze, pus has formed in the anterior chamber, a foul-spreading ulcer located usually near the corneal center, and a patient who has spent many sleepless nights, coupled with all this, constant pain, and you have a picture of a cornea ulcer which is going to result in deterioration of vision, usually and a few cases, complete loss of vision.

It is an accepted fact, that if we could see all cases occurring from an injury as soon as the injury is received, this condition would not always arise, but this is not possible. It is surprising how many ulcerations occur from foreign bodies embedded in the cornea. Usually if a foreign body becomes embedded in the cornea, and, as is often the case, is allowed to remain several days, the cornea will take on an ulcerated condition around the foreign body. I have had patients with corneal ulcers, come with the statement that a foreign body has been removed. This is usually all that is necessary but if the cornea has taken on a slightly ulcerated condition immediately around the foreign body the patient should not be dismissed as all right. But if there is any doubt in the physician's mind, instruct the patient to return the following day. In treating a corneal ulcer, if it be of the simple variety, atropine, an antiseptic wash, and dark glasses, are usually all that is necessary. That which concerns us most though, is the ulcer, which if not properly handled from the beginning, will destroy vision. This form of an ulcer, regardless of its size or location, should be cauterized immediately. An ulcer, where the floor is filled with a dirty, foul material, and the once clear cornea has taken on a slightly hazy appearance, especially around the ulcer, your patient has suffered the night previous, do not give your patient an antiseptic wash to use himself and have him return the next day to see if there is any improvement, for in one night's time, especially if the ulcer in the beginning, is located near the pupillary area of the cornea, may so encroach upon the pupillary area of the cornea as to materially interfere with vision; for remember, the resulting scar. A cauterization, if done immediately and if applied to the ulcer only, will result in no larger scar than the area of the ulcer and a great deal of vision may

be saved. It is wonderful, the resistance of the exposed cornea, and again, it is wonderful how quickly this resistance can be lowered by an ulcer that once after getting a foothold, sometimes nothing can check the progress. After the ulcer has been properly taken care of, frequent cleansing of the eye, together with atropine and a bandage, may, in a great many cases, check the progress.

There are many other methods of treatment and any of them are helpful; such as the use of subconjunctival injection of various solutions; but first, attack the ulcer itself, with your treatment, always remembering to look well to the physical condition of your patient.

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CLEFT PALATE.

DR. G. W. JONES, Lawrence, Kansas.

Read before the Kansas Medical Society, May 6, 1910.

As to the etiology of the deformity known as cleft palate, let me call your attention to the embryological centers of development—the fronto-nasal plate, from which are developed, among other parts, the septum nasi, the central part of the upper lip and that portion of the superior maxilla containing the four incisor teeth—the so-called premaxillary bone; on each side the embryological superior maxillary plate, which, gradually growing forward, coalesces with the lower margin of the vomer, with the premaxillary bone, and with other derivatives of the fronto-nasal plate to complete the upper lip; the alveolus, the roof of the mouth, the soft palate, and the uvula. These are the anatomical structures that are involved to a greater or less extent in the deformities known as harelip and cleft palate, to the latter of which, principally, I will invite your attention.

It is evident, therefore, that the failure of either superior maxillary plate to unite anteriorly with the derivatives of the fronto-nasal plate will leave a single harelip; the failure of both superior maxillary plates to unite leaving a double harelip; while any failure to unite further back leaves a cleft of the hard palate or of the soft palate, or a bifurcation of the uvula.

The early writers spoke of these deformities as arrested development, as, doubtless, it is, but possibly not in just the sense in which it was formerly used; the older surgeons used "arrested development in the sense that there was an insufficient amount of tissue formed to allow the opposing edges of the structures comprising the hard and the soft palates to approximate; but this, in the main, is a mistaken notion,

as in practically all cases of cleft palate there is enough tissue present, but, for some cause, the union has never taken place, or, having taken place, the outward wedging of the lower jaw, tending to separate the halves, was set up before the union was strong enough to withstand the force, and the result has been a fissure of more or less width, and in length extending, it may be, from the tip of the uvula anteriorly, through the soft palate, hard palate, and the alveolus, as well as involving the soft parts in front in single or double harelip. The fissure may stop at any point from the tip of the uvula to the lip, but it rarely involves the anterior structures alone.

Dr. H. E. Dennett, of Boston, makes the interesting observation that several years before, when the lions of the London Zoological Gardens were fed on meat containing bones too large for them to crush and swallow, all the lions born during the prevalence of that practice had cleft palates, and died young. Whether this was attributed to insufficient calcium salts is not stated; but it is a matter of record that the plan of feeding was soon changed, when they were fed on small animals whose bones were easily crushed and eaten, with the result that all the young born thereafter were normal as to palatal defects.

To Dr. Warner, of Boston, is due the credit of the first surgical closure of a cleft of the hard palate, early in the 19th century. The first distinct operation for cleft of the soft palate was that introduced by Dr. Roux, a French surgeon of the early part of the 19th century. While haphazard efforts, with indifferent results, had been made before his time, nevertheless the operation of Roux was the first established which had a definite routine. The technique of Dr. Roux was practiced, and modified in turn by Von Grafe, Warren, Diffenbach, Liston and others, in an effort to render it easier of execution and more certain in results; Langenbach and Sir William Fergusson doing much for the whole subject of cleft palate.

Prior to 1869, the operation for the correction of this deformity was deferred until the patient had reached an age of sufficient discretion to enable him to appreciate the necessity for the operation, control his movements, and keep his mouth open throughout a rather tedious and painful procedure. Anesthesia had never been administered, for the fear that the blood might strangle the sleeping patient. In this year, however, (1869,) Thomas Smith, of St. Bartholomew's Hospital, London, devised the first mouth-

gag for this purpose, and, using both it and chloroform, was enabled to operate on patients of any age.; yet it does not appear that he operated until the little patients were in their fourth year.

I shall not mention the individual operations that have been devised from that day to the present time, save to say that they were mostly of the Roux, Warren or Fergusson types. With a literature resplendent with the most famous names in surgery from the time of Warren, Dieffenbach and Liston down to the time of men still in the limelight of modern surgery, it is amazing how few have been the men who have made real progress in this line of surgery.

In the discussion of a paper by Dr. Peck before the New York Surgical Society only four years ago, such eminent men as Howard Lilienthal and George Woolsey were apparently undecided as to the relative merits of surgery or the obturator; nor has it been the writer's good fortune to run across anything in the transactions of this Society since then to show that they have come to any definite conclusions.

In looking up the operative technique for cleft palate during the past two years, and visiting the men who have been receiving a liberal amount of attention from the medical press, it has been my fortune to run across a variety of operations, extending all the way from the crushing operation, with its high infant mortality, at one extreme, to the simple caressing bi-manual pressure on the sides of the cheeks in the effort to slowly train the parts together, at the other extreme. Then there is the operation that apparently is a studied departure from some operation of established merit; but whether for the purpose of being original, I am unable to say. Men doing an operation that has been perfected by a colleague rarely mention his name in connection therewith, though exceedingly generous to the filmy claims of the man from afar.

In my search for the light, I have taken from the profession at large all the good points my technique could assimilate. This has left me especially indebted to Dr. Brophy. I am indebted to Dr. Brown for mechanical devices for gradually bringing the fully ossified bones into apposition. An idea that for a while I fancied was original with the writer, was that of placing strips of Z. O. plaster across the cheeks and face of the infant, in an effort to bring the separated halves of the maxilla into apposition. This simple measure, which is only preparatory to later surgical correction, is best begun when the infant is not more

than two or three days old, and consists of placing strips of plaster from one cheek across under the nose and onto the opposite cheek, which should be brought well forward to receive it. That portion of the plaster that crosses the cleft in the lip should be protected by rubber tissue; otherwise, the muco-integumentary line may become irritated. The muscular action of crying only forces the separated halves closer together. These strips are to be renewed as they become too loose to serve the purpose, care being exercised at all times to prevent irritation. You who have not tried this will be amazed at the rapidity with which these little jaws can be molded into correct position.

Where the cleft extends through and involves the soft parts in double harelip, no matter if the unsightly premaxillary bone be attached to only the frenum of the nose, do not yield to the temptation to remove it, but slowly and carefully mold it into shape. This is very easily accomplished before the child is a month old, after which it becomes progressively more difficult, until, in later childhood, it is necessary to use a mechanical device, such as a double-threaded screw, that being wired to the molars, is placed crosswise the alveolus to gradually draw the jaw together, before resorting to final measures of surgical closure.

All the measures advised herein have to do with the slow process of gradual closure, though no less an authority than Dr. Brophy brings the halves of the hard palate into immediate apposition when the child is three weeks of age. I have never done this, though Dr. Brophy gets excellent results by suturing through the hard palate from muco-periosteum to osteoperiosteomucosa, and through onto the opposite side. The lateral halves of the hard palate in patients as old as twenty-one have slowly yielded to mechanical devices for drawing them together, thus making the final surgical correction easy and effective.

The patient having received intelligent pre-operative treatment, we are now ready for the steps of the operation.

Whether the three-weeks-old infant or the thirty-year-old adult, have your patient in excellent physical condition. Have any nasal catarrh that may be present as much under control as possible. Freshly cleanse nose, mouth and face with any of the suitable mouth washes. Place patient on operating table and anesthetize, preferably with ether, using the drop method. Place a sand-bag under shoulders, so as to drop head back and elevate chin; adjust mouth-gag. I prefer the Brophy gag, because it enables me to work with less danger of infecting the wound than the use of the Hewett, Whitehead, or any other gag I know of.

With a suitable forcep or the suture, draw tongue out and to one side. Re-cleanse mouth; and from this point on, you will find of inestimable value to have the volatilized ether delivered to patient through a rubber-tipped metal tube connected with a series of bottles containing ether, and which are, in turn, connected with a foot-bellows. This will enable a good anesthetist to keep your patient in a proper state of anesthesia without in the least being in your way or embarrassing the operation.

In the next step of the operation, I find the most useful little instrument to be the Brophy knife and elevator. Beginning at the point of the V in the hard palate, with cutting edge of knife cut through the edge of the cleft on one side, and separate the muco-periosteal structure all along that side out almost as far as the alveolar border. It is well to remember that just to the side of the cleft on either side, there is a small sulcus in the hard palate, into which the muco-periosteal structure is most intimately attached. A little care just here will avoid an embarrassing button-holing of your flap. Having reached now the outer limit of the flap, and separating it from the hard palate a little in advance of the point in the "V" and back to the posterior margin of the hard palate, do not cut the levator palati muscle, as this interferes with proper phonation, as well as with the opening of the Eustachian tube, and often renders the patient a little deaf. Loosen the muco-periosteal flap where it attaches to the posterior border of the hard palate, and, crowding up these tissues somewhat, loosen the structures on the upper side of the hard palate for an eighth to a quarter of an inch back. This will enable you to slide the entire flap over without producing undue tension. Now pare the edges of the muco-periosteal flap from the point of the "V" back to the tip of the divided uvula, and, with a short curved needle with an eye in the point, introduce folded silk carrier sutures into the muco-periosteal flap, almost as far to the lateral sides as it is loosened. Four of these on each side are generally sufficient. These are not carried across to the opposite flap, but having passed through the flap on one side the needle is stripped back, while the ligature is held with a finger forcep. Having treated the two sides alike, in the next step, we take the loop of one suture and, introducing it into the loop of the suture opposite, the first suture is drawn through from the periosteal surface of one flap, across and up through the periosteal surface onto the mucous surface of the opposite flap. Having done this with all four sutures, we have now a folded silk suture running across from the mucous surface of one flap through to the periosteal sur-

face of the same flap across to the opposite flap, and out onto the mucous surface of that side.

We will now thread silver wire of about the size of a No. 1 or small No. 2 cat-gut into the loop ends of the folded silk sutures. Press the folded silver wire so as to do as little trauma as possible, and draw it through both flaps. Having treated the four sutures in like manner, we will now thread the loose ends of the silver wire sutures through a thin lead plate, a scant sixteenth of an inch in thickness, an inch and three-quarters long, three-eighths of an inch wide at one end, and two-eighths of an inch wide at the other end, having a row of four holes through its center. With the larger ends of both plates to the rear, we will pass the four sutures through the four holes in each plate on each side of the cleft, twisting numbers 1 and 2 and 3 and 4 together on each side. We will now cut off the long ends of the silver wire, and by gentle manipulation and adjustment, and gradually twisting down the silver wire sutures, we will bring just enough pressure on the lead plates to nicely adjust the muco-periosteal flap in the center without tension. We have made no side incision in the muco-periosteal flap, as this is needless.

Now, take Van Horn or any other good horse-hair, and close up the coaptated line, which should be free from tension. We will use for this purpose interrupted sutures through all the layers of the flap, and extending to the tip of the uvula. We will not tie any of these horse-hair sutures until they are all placed, when with a small straight angled tenaculum, we will separate from the bunch of horse-hair ligatures each one, beginning with the tip of the uvula, which we will tie and leave long, cutting the others short as they are tied. Before cutting the ligature through the tip of the uvula, we will use that for gentle traction in adjusting the line of union, after which it will be cut short like the rest.

Before leaving the patient, we will cut away all of the twisted wire suture that we can spare and turn sharply onto the lead plate the short twisted ends of the wire.

You can do both the cleft of the palate and the harelip at one sitting; but you will find it better, it is believed, to wait about two months before doing the latter operation. For an operation of the hard palate such as I have described, it will require between an hour and one-half and two hours. To many, this is a serious objection; but, with careful anesthesia, the end results are so out of proportion to those gained by any other method of which I am aware, that it is well worth the extra time; and too, it has been my observation that the average surgeon operate

in less time on the platform than it requires in the operating room; I have seen over two hours consumed by this operation in the hands of the very best men in the world. Therefore, I regard as of less consequence the two hours time—or say, under favorable conditions, an hour and twenty to thirty minutes—for a completed operation, than I do the failure to get perfect results.

Summary.

We can disabuse our minds of the notion that there is loss of tissue in cleft palate.

The proper time to begin the correction of the deformity is at the tender age of 24 hours when Z. O. plaster in the hands of the general practitioner can do wonders in the way of facial cosmetics by bringing the parts in nice apposition for later surgical closure.

Lateral incisions, so universally practiced are neither necessary nor wise, as the lead plates will take off the tension and prevent sloughing of the flaps better than the most liberal incisions.

Taken in time, the most unpromising cases can be trained into normal facial lines that can be made permanent by later operation.

When the patient is a year or more old, a well fitted double threaded screw wired to teeth across alveolus can be tightened just a little every day until the margins of the cleft are brought into perfect apposition. This does not narrow the face as it only restores the normal relations.

The crushing operation, still practiced by some good men, is not only unnecessary, but is attended by such high infant mortality that the measure has no legitimate place in modern surgery.

Severing the levator-palati not only is unnecessary, but it is fraught with grave defects of both hearing and phonation.

The ideal time for surgical closure is any where from three weeks to nearly as many years and should never be deferred until the child has begun talking, as the defects of speech are not easily overcome.

After operating on the child of more mature years, it will be necessary to teach and actually to show him how to form certain words; especially those having the sounds of the dentals, and the sound of "s" or "l," this is best done by having the patient practice before a mirror.

Looking back over the past half dozen years, the progress is seen to have been most gratifying; not only is this true in the treatment of the adult cases, but it is equally true in the wise

measures that have been devised to relieve infants of the handicap of this bizarre deformity; and it is the writers hope and belief, that the time has now come when no general practitioner in the entire country will permit a child he has ushered into the world to grow up without the intelligent pre-operative care that will quickly and surely place the little patient in condition for early and effectual surgical relief.

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THE NEW PROFESSION.

HUGH B. CAFFEY, M. D., Councilor Second District, Pittsburg, Kansas.

Read before the Sixth Annual Meeting of the Bourbon County Medical Society, Fort Scott, Kansas, December 20, 1909.

I am very grateful for the opportunity of meeting with you on this occasion in many respects, for the annual meeting of our county societies is, or should be the most important one of the year.

I think perhaps that I am guilty of negligence for not having visited your society oftener, in my capacity as councilor, but I have felt that you were old enough to stand alone and young enough to be vigorous and enterprising, therefore you were not in need of such assistance as the councilor is supposed to render. It is evident to me that you do not need advice, nor to be told of the benefits to be derived from organization, so I have chosen to rather speak of its ultimate results, which I believe, accounts for our standing as a profession, and for the fact that the future will see in us a new profession.

Nothing seems to be able to exist in the moral, political, social or intellectual life of the modern world that does not find outward expression in the form of some association or society. It has been wisely said, that "verily, if organization be a means of grace, we are saved." The growth of the spirit of organization is but one of the symptoms of the modern feverishness with which the profession of medicine is clamoring for supremacy amongst the learned sciences.

The representation which we have on all scientific boards, in the army, the navy, legislative departments of our government, the various experimental laboratories and schools for research work, which, backed by noted financiers, are continuously startling the scientific world with new and valuable facts, are other evidences of our progress from obscurity, empiricism and the realm

of fantasy and irrational juggling with herbs, roots and potions. Our profession is leading the world today in new discoveries which are essentially humane and because of this fact are of the greatest service to mankind.

The training which a student receives in passing through the high school, academy, college and the university before he is admitted to the medical school; then the raising of the standard of medical education is such as to make the new profession, soon to come on the stage of life, a body of brighter, more critical and better versed men than we or our predecessors.

The tendency to specialism and individual research work is steadily on the increase and marks an epoch in our present day progress. The impetus given to thought by the introduction of keener and more critical methods of investigation, augmented by the ability of the general profession to comprehend laboratory findings and to intelligently put into practice modern methods of diagnosis and treatment is rapidly becoming universal in its scope and gradually, though surely, we are on the threshold of a new era in medicine.

Justice to the science, the profession and the public, calls for substantial reasons for any great or radical change in the healing art.

To those disposed to criticise such investigation, we must say that the true interests of medicine have never suffered by acknowledging errors and seeking to amend them, as by so doing we give assurance of an honest desire to find the truth. There may be yet some in our ranks who are unwilling to admit that any material change has taken place and others who admit the change but cannot see the improvement and long for the return of the "lost art," to such or rather to their patients we may extend our sympathy.

The traditions of medicine are, and should be cherished by all. We are proud of the men who could wrestle the sound theories of today from mongolian superstition, from Hippocrates and Galen who were "mantled with mysteries of their own romance."

The profession of yesterday was slow to accept new theories because the opinions of a few impractical men of learning and renown were given undue weight and hence retarded progress. Had their labors not been governed so much by hypothesis, empiricism and disputation, their great ability would have led to the development of richer trophies in medicine, and we can but lament that often their memories furnish but little more than monuments of wasted talent.

The medical mood of today does not respect authority unless sustained by demonstrative proof. It rejects dogmas from within as well as heresies from without. We have arrived at that stage which forces its students to that most valuable position, a **knowledge** of when a thing is proved and when it is not proved—a condition of affairs which sustains **real** medicine, and is a deadly enemy to quackery. We may still wisely adhere to the golden rule of Chomel that “it is only the second law of therapeutics to do good, the first being, not to do harm.”

The profession today is in a receptive mood. We are watching and waiting for new theories and methods and most of us have been inclined to try them out without sufficient proof of their efficiency, and often at the expense of the patient. We need not marvel at the expression of Mulier that “as his constitution was not strong enough to withstand both disease and doctors, he would dispense with the latter,” or the saying of Themison that “the study of medicine is a meditation on death.”

But thanks to the new profession, the thorough student of the research laboratory, the great clinics of the world, when a new thing comes out it is in tangible form, with convincing proof of its merits.

In the words of Voltaire “Nothing is more estimable than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, exercises his art with caution and pays equal attention to the rich and poor.”

“If thou could'st doctor, cast
The water of my land, find her disease
And purge it to a sound and pristine health,
I would applaude thee to the very echo,
That should applaud again.”

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Ethyl Chloride for Removing Warts.—Dr. Budinger (La Clinique, quoted by L'Union Pharmaceutique) recommends ethyl chloride for the removal of warts. A jet of the liquid is directed upon the wart for one minute and the operation is repeated every two days as long as necessary. A part of wart thus treated falls off, while the remainder shrivels up and gradually disappears, leaving a red spot. Superficial warts disappear readily under this treatment; with deeper ones the outer portion must be excised before applying the ethyl chloride.—Medical Fortnightly.

THE JOURNAL OF THE Kansas Medical Society.

JAMES W. MAY, - - - - **EDITOR.**

ASSOCIATE EDITORS: J. E. SAWTELL, CHAS. S. HUFFMAN, O. P. DAVIS.

Subscription Rates: \$2.00 per year, 20c single copy. Advertising rates furnished promptly on application.

The Journal was established in June, 1901, by a publication committee at Topeka. In May, 1903, Dr. G. H. Hoxie was elected editor and served four years. In January, 1904, it incorporated the Wichita Medical Journal, owned by Drs. W. H. Graves and G. K. Purvis, and the Western Medical Journal, owned by Dr. A. J. Roberts, of Ft. Scott. In March, 1903, it incorporated the Wyandotte County Medical Journal, owned by Dr. James W. May. It is now printed in Kansas City, Kansas, and appears the first of every month. Correspondence should be addressed to the editor. Editorial office, 501-2 Husted Bldg., Kansas City, Kans.

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EDITORIAL

It requires many smiles to dissipate the effect of one frown.

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Worries only serve to enhance the value of contentment.

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If your annual dues are not paid up for 1910 you will hereafter fail to receive the Journal.

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Preparations are already under way for the entertainment of the next meeting of the Kansas Medical Society to be held at Kansas City, May 4-5-6, 1910. Announcement will be made next month of the guest of honor who will deliver an address on a surgical subject. This meeting of our society will probably be the largest in its history and ample provisions will be taken by the Wyandotte County Medical Society for its care. The meetings will be held in the Masonic Temple and our thanks are due the Scottish Rites bodies for their generosity in allowing us its use. Dr. Chas. S. Huffman, the Secretary, has charge of the program which will be published at an early date.

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Kansas and Missouri have resumed reciprocal relations and a license to practice medicine will now be issued on diploma from reputable colleges to those who are licensed in either state prior to 1901. Those who have graduated since 1901 must pass an examin-

ation. This is a step in the right direction and the time should come when every state in the Union has reciprocal relations with each other. If one has the knowledge to pass the required examination in one state he should be entitled to practice in any state having the same requirements. If there could be such a thing as a National Board of Examination and Registration whose duty it would be to prepare a set of questions for each state the examination to be conducted by a board in the separate states then there could certainly be no exception taken as to the individual's qualifications. Let us hope this condition will be brought about.

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"606."—Evidence continues to pour in mostly from Europe,, of the remarkable efficacy of the Ehrlich-Hata's specific for syphilis and it bids fair to become one of the most important discoveries in medicine during the past decade. Ehrlich has collected reports of over 10,000 cases treated with "606" with not over a dozen fatalities (Tex. Med. Jour.), and the curative results are said to be marvelous. The good results reported now seem to be so overwhelming that its use will soon be universally justified. The technic has been improved and it is claimed that it is hardly more than one-third as toxic as when it was first introduced. It requires an absolute knowledge of the patient in that either a positive Wasserman or a demonstration of the spirochaeta pallida must be obtained before its use. There are also contradictions such as disturbances of the optic nerve, and marked organic disease especially of the cardiovascular system and the central nervous system. It also requires a thorough knowledge of the technic of its introduction. It is said to act with lightning like rapidity upon primary, secondary and tertiary lesions, often healing them within fourteen days. If this drug proves to be the panacea for syphilis which present evidence tends to prove, then an enormous amount of human illness will be prevented.

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NEWS NOTES

THE MEETING OF THE COUNCIL OF THE KANSAS MEDICAL SOCIETY, WILL BE HELD AT TOPEKA, ABOUT JAN. 15, 1911.

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Dr. W. F. Fairbanks, of Kansas City, Kansas, spent November visiting in the east.

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The annual meeting of the Northeast Kansas Medical Society will be held at Topeka, February 9th, 1910.

Kansas City, Mo., has just passed an ordinance prohibiting the sale of fireworks within its limits. Would that other cities pass a sane Fourth law.

Dr. E. R. Tenney was recently elected Coroner of Wyandotte County to succeed Dr. J. A. Davis, who had served two terms and was not a candidate for re-election.

The A. M. A. Journal has since its introduction given a resume of practically everything published on "606." It deserves commendation for the completeness of the review.

A Two Million Dollar Endowment Fund for the American National Red Cross Society.—President Taft is appointing special committees in the principal cities of the United States to assist in raising an endowment fund of \$2,000,000 for the American Red Cross Society. A general committee composed of these special committees will have Secretary of the Treasury Franklin McVeagh as chairman.

The Alumni Association of the Medical School of the University of Kansas.—At a meeting of the executive committee of the association, held in Lawrence, Kansas, recently, the following officers were elected: President, Dr. George M. Gray, of Kansas City, Kans.; vice-president, Dr. Marian Truehart, of Sterling, Kans.; secretary, Dr. H. P. Kuhn, of Kansas City, Mo.; members of the executive committee, Dr. C. C. Nesselrode and Dr. Logan Clendening. It is said that forty-eight per cent of the alumni of the school are practicing physicians in Kansas, and a movement has been started to enlist their active assistance in working for a bigger and better medical school.

Dr. Keen Operated on.—Dr. W. W. Keen has been operated on for abdominal complications and is making excellent progress towards recovery. Knowing the interest that his many friends and former pupils have in his health, the Journal secured from an authoritative source the following statement: While abroad last summer, Dr. Keen experienced some symptoms of intestinal trouble. He was examined by Dr. George A. Gibson, in Edinburgh, by Dr. W. Hale White and Mr. Mummery in London, and later in Berlin by Prof. Eiselberg of Vienna. All of them discovered an obscure tumor in the left lower abdomen. On having these facts confirmed and after consultation with his advisers, Dr. Keen decided that an

abdominal section was the only positive way to determine whether the mass was carcinoma, as seemed most likely at his age, or was non-malignant in character, and whether or not it was operable. Accordingly, as soon as possible after his return he went to Rochester, Minn., and was operated on November 9. It was found that the tumor was due to a perforating diverticulitis of the sigmoid with dense adhesions and moderate obstruction. There were two fecal stones, one of which had perforated and lay in a pocket outside the intestinal wall. It was necessary to remove a portion of the sigmoid.—Journal A. M. A.

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Surgeons Organize Congress.—The Clinical Congress of the Surgeons of North America was organized at the Hotel La Salle, Chicago, November 17th, the initial membership being made up of the surgeons in attendance at the series of clinics. It is proposed to continue these clinical reunions year by year in one of the large cities of the country. Membership is made up of surgeons who register at the regular sessions of the congress. The following officers were elected: president, Dr. Albert J. Oschner, Chicago; vice-president, Dr. John G. Clark, Philadelphia; editor and general secretary, Dr. Franklin H. Martin, Chicago; treasurer, Dr. Allen B. Kanavel, Chicago, and general manager, Mr. A. D. Ballou, Chicago.

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A Swindler Abroad.

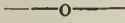
Hotels, druggists, physicians, livery men and others, are warned against a man traveling from place to place presenting a card with the name "R. F. Hall" printed in the center. In the lower left-hand corner are the words "Parke, Davis & Co." and in the lower right hand corner the words "Detroit, Mich." This man is described as follows:

"5 ft. 6 or 8 inches, 150 lbs., fiend for Turkish cigarettes, about 27 years, complexion medium, wears nose glasses and continually takes them off and on; he is a swell dresser, good talker, fine appearance, wears one of those light colored slip on or off rain coats."

This individual has no connection with Parke, Davis & Co., and so far as heard uses the card to facilitate the passing of bogus checks.

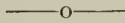
Because of incidents like these nearly all concerns employing "drummers" forbid them to borrow money or seek credit, except upon individual responsibility and acquaintanceship. Therefore, those seeking credit or loans, especially from comparative strangers,

on the strength of their alleged connection with some important concern, should be treated as imposters.

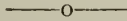


SOCIETY NOTES.

For the Missouri Valley Meeting.—Dr. Chas. H. Mayo has accepted an invitation to deliver the oration in Surgery at the Spring meeting of the Medical Society of the Missouri Valley. Dr. Henrich Stern, of New York City, will deliver the oration in Medicine. The meeting will be held at St. Joseph, March 16 and 17, 1911.

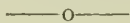


The Republic County Medical Society met at Dr. Wm. Kamp's office at Belleville, Kansas, Nov. 10th, 1910. Papers were read by Dr. C. V. Haggman, Dr. Jos. A. Kohout and Dr. Wm. Kamp. All were thoroughly discussed by members present. The following officers were elected for the coming year: President, Dr. Wm. Kamp; Vice-president, Dr. J. B. Henry; Secretary-Treasurer, Dr. Jay C. Decker.



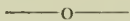
Sumner County Medical Meeting.—Was held at the Commercial Club rooms, Wellington, Kansas, Thursday, Dec. 1, 1910. The following program was arranged by Dr. Arch Jones, Councillor.: 1—Dr. J. J. Sippy, Medical Department of Health; 2—Dr. O. B. Wyant, Needed Medical Legislation, discussion led by O. P. Davis and A. S. Cloud; 3—Dr. Fred B. Lyon, Individualizing Gonorrhoea, discussion led by G. K. Purvis and R. C. Young; 4—Dr. H. W. Neel, Care of the Parturient Mother, discussion led by D. A. Kisecker and C. W. Renick; 5—D. I. Maggard, Importance of Early Attention to Obstructive Respiration in Children, discussion led by J. M. Latta and A. R. Hatcher; 6—Dr. J. L. Gsell, Care of the Baby's Eyes, discussion led by F. M. Wilmer and J. G. Dorsey; 7—Dr. K. E. Haskins, Acute and Sub-Acute Endocarditis, discussion led by L. S. Coplan and L. A. Jacobus; 8—Dr. J. E. Oldham, Surgical Treatment of Diseases of the Chest, discussion led by A. D. Updegraff and G. W. Emerson. Intermission and Supper was served. 9—Dr. Arch Jones, My Job Counsellor; 10—Dr. O. P. Davis, Our Kansas Medical Society; 11—Dr. W. L. Courtwright, Paper; 12—Dr. L. P. Warren, Constipation, discussion led by Clinton Beesley and S. W. Spittler; 13—Dr. H. G. Shelly, Serum Therapy, discussion led by J. F. Costello and G. R. Little; 14—Dr. G. D. Pendell, X-ray in

Diagnosis and Treatment; discussion led by M. Hogan and R. E. Walker; 15—Dr. J. D. Clark, Toxemias of Pregnancy, discussion led by C. E. Bowers and H. F. Hyndman. T. H. JAMIESON, Secy.

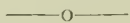


Obituary.

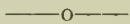
Charles H. McMillan, M. D., Northwestern Medical College, St. Joseph, Mo., 1893; died at his home in Leon, Kan., October 30, from tuberculosis, aged 40.



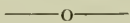
James Lemmon, M. D., Joplin (Mo.) College of Physicians and Surgeons, 1882; a veteran of the Civil War; died at his home in Erie, Kan., October 7, from chronic nervous disease, aged 69.



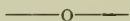
Joseph Frank Geenan, M. D., Rush Medical College, 1893; formerly of Toluca, Ill.; for four years Coroner of Marshall County; died at his home in Beloit, Kansas, October 20, from disease of the kidney, aged 42.



Dr. W. F. Waite, a graduate of The University Medical College, died at his home in Kansas City, Kansas, aged 62 years. He was a member of the Wyandotte County and the State Medical Societies and a veteran of the Civil War.

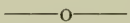


Joseph Claybaugh Kalb, M. D., Starling Medical College, Columbus, Ohio, 1857; of McPherson, Kan.; assistant surgeon of the Forty-second Ohio Volunteer Infantry, surgeon of the Forty-fifth Ohio Volunteer Infantry, and division surgeon during the civil war; died in Fort Worth, Texas, October 23, from cerebral hemorrhage, aged 79.



MISCELLANEOUS

Envy puts more dents in contentment than poverty.—Physiologic Therapeutics.



“As to the humors of medicine,” said Dr. Ben Trovato reminiscently, “there is an old story about a woman who had an abdominal tumor which was found to weigh over eighty pounds after its removal, while the patient herself scaled only some sixty-four pounds. When she was recovering from the anæsthetic she is said to have remarked faintly to the surgeon that she might die happy if she was sure that he would save the growth. This

is as remarkable an instance of wit and humor in our professional archives as I can recall at the moment.—N. Y. Med. Journal.

—o—

A Noise Like a Salad.—A distinguished society leader of New York, lately returned from a motor trip through France, said that her most delightful experience was the hearing the French peasants singing the mayonnaise.—Everybody's Magazine.

—o—

I am going into specialty work and can offer to the right man an excellent opportunity in a county seat town in Southern Kansas, excellent school, four banks, a good town of about 2300 population, good churches, good business people, a nice climate, and an established business of sixteen years duration. If the party so desires I will stay with him and introduce him for about two weeks. I want to get away not later than the middle of January.

Come and see is the better plan, or write for particulars.

Address Box P., Eureka, Kansas.

—o—

Dickens makes the good wife of a good doctor say: "We are not rich in the bank but we have always prospered, and we have quite enough. I never walk with my husband but I hear the people bless him. I never go into a house of any degree but I hear his praises, or see them in grateful eyes. I never lie down at nights but I know that in the course of that day he has alleviated pain, or soothed some fellow creature in time of need. I know that from many thanks have often gone up in the last hour for his patient ministrations. Is not this to be rich?"—N. Y. Med. Journal.

—o—

"Medicine, sometimes impertinently, often ignorantly, often carelessly, called 'allopathy,' appropriates everything from every source that can be of the slightest use to anybody who is ailing in any way, or like to be ailing from any cause. It learned from a monk how to use antimony, from a jesuit how to cure agues, from a friar how to cut for stone, from a soldier how to treat gout, from a sailor how to keep off scurvy, from a postmaster how to sound the Eustachian tube, from a dairy maid how to prevent smallpox, and from an old market-woman how to catch the itch insect. It borrowed acu-puncture from the Japanese, and was taught the use of lobelia by the American savage. It stands ready to-day to accept anything from any theorist, from any empiric who can make out a good case for his discovery or his remedy."—Dr. Holmes.

W. B. Saunders Company now have going through their presses a three volume work on Practical Treatment, written by international authorities and edited by those able clinicians, Dr. John H. Musser and Dr. A. O. J. Kelly, both of the University of Pennsylvania.

In looking over the list of contributors we can come to but one conclusion; namely, that this work will undoubtedly take rank as the very best on Treatment extant. The names of the authors carry with them the positive assurance of thoroughness. Indeed, each chapter is a complete monograph, presenting the most recent therapeutic measures in a really practical way.

As a general practitioner is required to know certain therapeutic measures more or less of a surgical nature, leading surgeons have been selected to present such subjects, This is an important feature, and, to our knowledge, not included in any similar work.

In every case the men have been most aptly chosen for their respective tasks, and under the wise editorship of Drs. Musser and Kelly there has been produced a work on Treatment that will remain for many years the last word—a source of practical information, easily obtained and readily digested.

The work will sell for \$6.00 per volume, in sets only.

—o—

Enthusiasm is the motive-force of progress. No really great deed was ever done in arts or arms, in literature or science that was not the product of enthusiasm. It discovered the circulation; it invented the ligature; it introduced vaccination and anesthesia, and it laid the gentle hand of healing on the wounds of humanity through antiseptic surgery.

We note its presence in the aphorisms of Hippocrates; in the orations of Demosthenes; in the demonstrations of Newton, and in the discourses of Pasteur. It was with Alexander in the field, as he conquered the world; it was with Plato in the grove as he founded philosophy. It was by the lonely lamp of Celsus and behind the sightless eyes of Galileo. It was on the battlefield with Pare and with Larrey and in the laboratory with Welch and with Leidy. It was in the hospital with Sydenham and Boerhaave, with Agnew and Samuel David Gross. It filled the lion heart of Abernethy, and it stirred the lordly soul of Hunter. It stimulated the labors of Washington and Cromwell, of Shakespeare and of Franklin, and it lit the councils of Cæsar and of Lincoln, of the great Napoleon and of England's "Grand Old Man." May we feel it; may we realize it; may we be animated by this immortal principle; may we be driven by this divine fire!—
Dr. J. C. Da Costa—From N. Y. Med. Journal.

The Musical Bath.—An Englishman visiting New York for the first time was attracted by an odd sign over a Sixth avenue tonsorial parlor, which read "Musical Baths, 50 cents." He entered and asked for an explanation. The proprietor said his new bath tubs were equipped with music boxes, which played the latest tunes while one was bathing. He explained that a half dollar inserted in the slot would fill the tub with hot water, release a bar of soap, and a couple of towels, and at the same time start the music. The Britain decided to try the novel proposition. In about an hour, he emerged from the bath room wearing a decidedly worried and dissatisfied expression. "Did you enjoy the bath?" the proprietor asked. "Enjoy it!" said the King's subject, "well, hardly; don't you know the deuced thing started to play 'God Save the King,' and I had to stand up nearly an hour, and by that time the blooming water was cold."—*Medical Herald*.

CLINICAL NOTES

If a patient with acute gonorrhoea is kept in bed on a restricted diet, the saving of time in the cure will amply repay him for the confinement.—*American Journal Surgery*.

Leukemia Treated by the Roentgen Rays—Clarke (*Bristol Medical-Chirurgical Journal*, September), reports four cases which he believes confirm the experience of other observers, that although Roentgen-ray treatment does not result in cure in leukemia, it gives a greater measure of relief in most cases than is derived from any other form of treatment, and prolongs life. If ordinary precautions are taken, and a careful watch kept on the state of the blood as regards the red cells and hemoglobin, and on the condition of the urine throughout the period of treatment, it seems to be devoid of danger. The presence of a slight albuminuria in one case and of marked glycosuria in another seemed to form no contra-indication to Roentgen-ray treatment, as they gave no trouble. The Roentgen rays should be applied over the long bones and vertebrae as well as over the spleen.—*Journal A. M. A.*

The Treatment of Prostatitis.—Schaffner (*Merck's Archives*, November, 1910) regards the treatment of the catarrhal form of prostatitis as really that of posterior urethritis and he prescribes daily intravesical irrigations of solution of potassium permanganate in the strength of 1 in 5,000 gradually increased in strength to 1 in 2,000. After four or five days he commences using solu-

tions of silver nitrate in the strength of 1 in 2,000, having his patients visit his office every third day, using potassium permanganate one day and the silver solution at the next visit, and so continue to alternate. Internally he prescribes oil of santal in capsules each containing ten minims, and directs them to be taken not oftener than one every two hours. A combination which has given good results in his hands is the following:

℞ Mass of copaiba,gr. ii;
 Oil of santal,mii;
 Potassium bicarbonate,gr. iv;
 Extract of kava kava,gr. ii;
 Atropine sulphate,gr. 1-250.
 M. ft. Pil. No. 1. Sig: One pill every two hours.

After the urgency of urination has subsided, the internal treatment may be discontinued and dependence placed on the local treatment.—N. Y. Medical Journal.

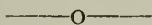
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One should always remember that the eye is just as much a part of the system as the leg or arm, and that many, many times it is only a symptom of a general ailment. While this point is known by all, its significance is oft times forgotten.

—o—

Poliomyelitis.—A. L. Skoog, Kansas City, Mo. (Journal A. M. A. Nov. 19), says that there is as yet no specific treatment for acute poliomyelitis and that in many cases in his experience drugs have been used to excess. An early diagnosis is particularly to be desired, and two laboratory methods are mentioned: (1) the blood count, showing a mild leukocytosis with decided increase of lymphocytes and decrease of polymorphonuclears: (2) lumbar puncture. When the diagnosis is made and prodromal symptoms can be treated there is no objection to the moderate use of laxatives, and one of the most important therapeutic means is rest. Lumbar puncture may be of value therapeutically as well as for diagnosis. Hexamethylenamin may be used in the treatment of these cases. It is probably best to give the drug in as large doses as is safe for a period of a few hours and then to discontinue it for twenty-four hours. His practice is to give from 0.12 to 0.24 gm. to a child from 2 to 4-years of age, giving a dose every hour until three doses have been given, then giving no more until the following day at the same hour, when the course is repeated. This repetition may be employed as long as the acute symptoms persist. Thus we suddenly load the body with the chemical and then allow a short period of rest. We might give

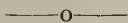
from 3 to 8 gm. of the drug to the adult during a daily three or four hour period of its administration. During the past months he has used this method in five cases in the prodromal stage. Three patients recovered without any paralysis, one died, and another, whose case was of the foudroyant type, developed paralysis. Hexamethylenamin has also been given to a few children in families in which there was a fear of others acquiring the disease. In patients suffering from much pain and hypersensitiveness he has used the salicylates, of which aspirin was found most agreeable to children, and he has also obtained relief by applying heavy cotton dressing to the involved extremities. Partial immobilization may have been a factor in producing the results obtained. In his practice he employs isolation of patient and sterilization and disinfection of articles and excretions.



Practical Points in the Management of Poliomyelitis and its Sequelae.—Taylor emphasizes the following points in the management of poliomyelitis:

1. The not infrequent occurrence of poliomyelitis in adolescents and adults.
2. The fairly frequent occurrence of abdominal palsy.
3. The uselessness of massage and electricity.
4. The value of rest in bed in the early stage, and of orthopedic and surgical treatment, both early and late.
5. The necessity for a systematic statistical investigation by State societies and boards of health.

Most of the references will be found in the "Report of the Collective Investigation Committee on the New York Epidemic of 1907," published in 1910 in the Monograph Series of the Journal of Nervous and Mental Diseases.—Medical Record.



Nephritis following Tonsillitis.—H. W. Loeb, St. Louis (Journal A. M. A., November 12), says that recent experience has impressed two important facts on his mind; first, acute nephritis is a frequent sequel of tonsillitis; second, this is overlooked in practice by the majority of practitioners. He reports four cases, all physicians or occurring in the families of physicians and presumably therefore carefully observed. In each instance diphtheria and scarlet fever were positively excluded and the nephritis was of the hemorrhagic, non-scarlatina type without pyrexia or edema. In each instance also the tonsillar inflammation was mild in character and the course of the disease unusually slow, and in no

case was the nephritis discovered until the tonsillar affection had disappeared. From these cases and the literature, which is extensively quoted, he concludes as follows: 1. "Acute nephritis results from acute tonsillitis far more often than is generally believed. 2. The symptoms ordinarily are not manifested until some time after the inception of the disease. 3. The nephritis is of the hemorrhagic type and differs from that of scarlet fever in that pyrexia, edema, and oliguria are not marked symptoms of the disease. In addition, it follows the angina and is not concomitant as in scarlatina and diphtheria. 4. Judging from the course of the cases reported, there must be many in which a mild nephritis occurs incident to a tonsilitis, which goes on to resolution without patient or physician being conscious of its presence. 5. As each case of lacunar tonsilitis may be a potential source of acute nephritis, it is incumbent on practitioners to observe the urine, not only during the height of the disease, but for some time after as well. 6. Spontaneous or idiopathic nephritis is probably often due to a tonsilitis that has not been considered as an etiologic possibility. 7. Chronic affections of the kidney may well owe their origin to unrecognized acute attacks of nephritis of tonsillar origin. 8. Much light may be shed on this subject by a study of the urine in a large number of cases of acute tonsilitis."

—o—

The pulse rate is a very important guide in determining the necessity for operation in acute appendicitis; but sometimes it should be altogether disregarded. If distinct pain and tenderness have not abated after twenty-four to thirty hours (especially if vomiting and more or less rectus rigidity coexist, but even without these) it is proper to operate without waiting further, no matter what the temperature and pulse rate; a gangrenous appendix may be found in a patient whose pulse is 70 and temperature 100 degrees. —American Journal of Surgery.

—o—

Best Treatment for Chancroid.—Cleanse the chancroid with a bichloride solution (1 grain to the ounce); anesthetize with cocaine, eucaine or alypin; cauterize with a 10 per cent. solution of formaldehyde, i. e. 1 part of formalin or the official liquor formaldehydi to 3 parts of water. Then let the patient apply calomel, airol, aristol or euophen, 3 to 6 times a day. DO NOT use silver nitrate.—Therapeutic Medicine.

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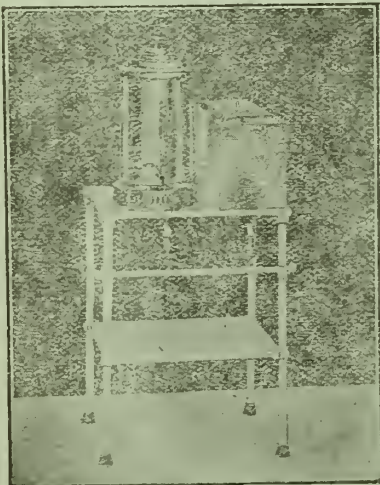
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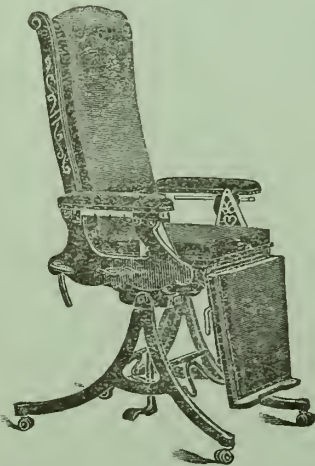
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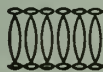


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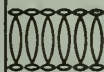
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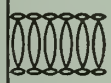
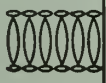
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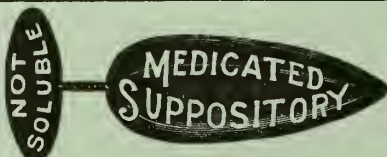
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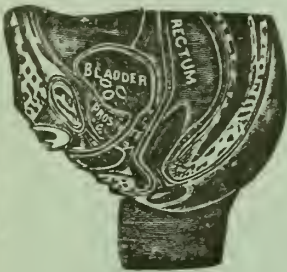
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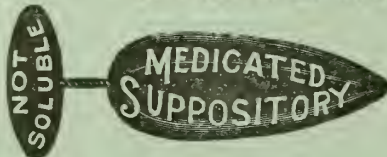
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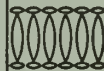


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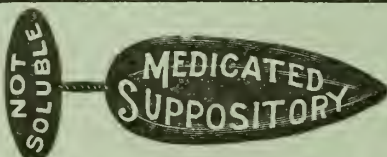
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